

Toolkit for monitoring and evaluating child protection when using cash and voucher assistance



THE ALLIANCE
FOR CHILD PROTECTION
IN HUMANITARIAN ACTION



Tool 1

Focus group discussion/key informant interview tool to identify child protection benefits and risks before starting cash and voucher assistance

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ACRONYMS AND ABBREVIATIONS

BEN	Benefits
CaLP	The Cash Learning Partnership
CBI	Cash-based interventions
CBO	Community-based organisation
CP	Child Protection
CPMS	Minimum standards for child protection in humanitarian action
CP and CVA M&E Toolkit	“Toolkit for monitoring and evaluating child protection when using cash and voucher assistance.”
CSG	Child safeguarding
CVA	Cash and voucher assistance
FGD	Focus group discussion
GBV	Gender-based violence
IDP	Internally displaced persons
INGO	International non-governmental organisation
IRC	International Rescue Committee
LGBTI	Lesbian, gay, bisexual, transgender, and intersex
MEAL	Monitoring, Evaluation, Accountability, and Learning
MIT	Mitigation
NEG	Negative coping strategies
NGO	Non-governmental organisation
PSEA	Protection from sexual exploitation and abuse
SOGIESC	Sexual orientation, gender identity and expression, and sex characteristics
USAID	United States Agency for International Development
WHO	World Health Organization
WRC	Women’s Refugee Commission

GLOSSARY OF KEY TERMS USED IN THIS TOOL

Best interests of the child	<p>“The right of the child to have his or her best interests assessed and taken as a primary consideration in reaching a decision. It refers to the well-being of a child and is determined by a variety of individual circumstances (age, level of maturity, the presence or absence of parents, the child’s environment and experiences).”¹</p>
Cash and voucher assistance	<p>“CVA refers to all programs where cash transfers or vouchers for goods or services are directly provided to recipients. In the context of humanitarian assistance, the term is used to refer to the provision of cash transfers or vouchers given to individuals, household or community recipients; not to governments or other state actors. This excludes remittances and microfinance in humanitarian interventions (although microfinance and money transfer institutions may be used for the actual delivery of cash).</p> <p>The terms ‘cash’ or ‘cash assistance’ should be used when referring specifically to cash transfers only (i.e. ‘cash’ or ‘cash assistance’ should not be used to mean ‘cash and voucher assistance’).”²</p> <p>Several other terms may be used to mean the same thing (e.g. Cash Based Interventions, Cash Based Assistance, and Cash Transfer Programming).</p>
Cash transfers	<p>“The provision of assistance in the form of money - either physical currency or e-cash – to recipients (individuals, households or communities). Cash transfers are by definition unrestricted in terms of use and distinct from restricted modalities including vouchers and in-kind assistance.”³</p>
Child	<p>“Persons below the age of 18 years.”⁴</p> <p>By “diverse children” and “children” here we include and mean:</p> <ul style="list-style-type: none"> • All persons under the age of 18 in a population covered under humanitarian action. ...children of all genders, ages and disabilities [with] ... evolving capacities and needs.” <p>The terms “children” and “diverse children” include those who:</p> <ul style="list-style-type: none"> • “Are of all ages – early childhood, middle childhood and adolescence; • Have or identify with diverse sexual orientation, gender identity/expression and sexual characteristics; • Are displaced; • Come from all kinds of social and cultural backgrounds; and • Live in a variety of care settings.”⁵

1 The Alliance for Child Protection in Humanitarian Action, 2019, Minimum Standards for Child Protection in Humanitarian Action, https://alliancecpha.org/en/CPMS_home

2 Glossary of Terminology for Cash and Voucher Assistance, Cash Learning Partnerships, 2019, <http://www.cashlearning.org/resources/glossary>

3 Ibid.

4 The Alliance for Child Protection in Humanitarian Action, 2019, Minimum Standards for Child Protection in Humanitarian Action, https://alliancecpha.org/en/CPMS_home

5 The Alliance for Child Protection in Humanitarian Action, 2019, Minimum Standards for Child Protection in Humanitarian Action, https://alliancecpha.org/en/CPMS_home

Child protection benefits	Improved child well-being and the achievement of positive child protection outcomes. Child protection outcomes can be positive or negative, so the term “benefits” here is used here to distinguish between the two.
Child protection in humanitarian action	“The prevention of and response to abuse, neglect, exploitation and violence against children in humanitarian action.” ⁶
Child safeguarding	“The responsibility that organisations have to make sure their staff, operations, and programmes do no harm to children. It includes policy, procedures and practices to prevent children from being harmed by humanitarian organisations as well as steps to respond and investigate when harm occurs.” ⁷
Child well-being	<p>“A dynamic, subjective and objective state of physical, cognitive, emotional, spiritual and social health in which children:</p> <ul style="list-style-type: none"> • Are safe from abuse, neglect, exploitation and violence; • Have their basic needs, including survival and development, met; • Are connected to and cared for by primary caregivers; • Have the opportunity for supportive relationships with relatives, peers, teachers, community members and society at large; and • Have the opportunities and elements required to exercise their agency based on their evolving capacities.” ⁸
Community	A group of people that recognises itself or is recognised by outsiders as sharing common cultural, religious, or other social features, and a common background, forming a collective identity with common goals. ⁹ What outsiders consider a community may be divided into many subgroups according to social class, language, religion, ethnicity, ¹⁰ economic status and livelihoods, political allegiance, or other such characteristics.
Confidentiality	“The obligation that information about an individual will not be disclosed or made available to unauthorised persons without prior permission. There may be limits on confidentiality for children in accordance with their best interests as well as mandatory reporting obligations.” ¹¹
Consent	See entry for ‘informed consent’.
Coping strategies	“Coping is the process of adapting to a new life situation, managing difficult circumstances or making an effort to solve or minimise stress or conflict. Some coping mechanisms are sustainable and helpful, while others may be negative, with potentially long-term harmful consequences.” ¹²

⁶ Ibid.

⁷ Ibid.

⁸ The Alliance for Child Protection in Humanitarian Action, 2019, Minimum Standards for Child Protection in Humanitarian Action, https://alliancecpha.org/en/CPMS_home

⁹ International Rescue Committee (IRC), Save the Children, Terre des Hommes, The Office of the United Nations High Commissioner for Human Rights (OHCHR), United Nations High Commissioner for Refugees (UNHCR), United Nations Children’s Fund (UNICEF) (2009) ARC resource pack 2009: Definitions of terms, p.4.

¹⁰ UNHCR. (2007). Community-Based Approach in UNHCR Operations. UNHCR, p. 8-9.

¹¹ The Alliance for Child Protection in Humanitarian Action, 2019, Minimum Standards for Child Protection in Humanitarian Action, https://alliancecpha.org/en/CPMS_home

¹² Ibid.

Delivery mechanism	“Means of delivering a cash or voucher transfer (e.g. smart card, mobile money transfer, cash in hand, cheque, ATM card, etc.).” ¹³
Disbursement	“... the transfer of funds to recipients e.g. the transfer of a digital payment to a recipient’s bank account, card, mobile money account, etc.” ¹⁴
Do no harm	“The concept of humanitarian agencies avoiding unintended negative consequences for affected persons and not undermining communities’ capacities for peace building (sic.) and reconstruction.” ¹⁵
Financial Service Provider (FSP)	“An entity that provides financial services, which may include e-transfer services. Depending upon your context, financial service providers may include e-voucher companies, financial institutions (such as banks and microfinance institutions) or mobile network operators (MNOs). [In other contexts] FSPs includes (sic) many entities (such as investment funds, insurance companies, accountancy firms) beyond those that offer humanitarian cash transfers or voucher services, hence within CTP literature FSP generally refers to those providing transfer services.” ¹⁶
Humanitarian actors	“Wide range of authorities, communities, organisations, agencies and inter-agency networks that all combine to enable humanitarian assistance to be channelled (sic) to the places and people in need of it. They include UN agencies, the International Red Cross/Red Crescent Movement, local, national and international non-governmental organisations (NGOs), local government institutions and donor agencies. The actions of these organisations are guided by key humanitarian principles: humanity, impartiality, independence and neutrality.” ¹⁷
Informed consent	“Voluntary agreement of an individual who has the capacity to take a decision, who understands what they are being asked to agree to, and who exercises free choice.” ¹⁸
Mandatory reporting	“Mandatory reporting refers to state laws and policies which mandate certain agencies and/or professionals to report actual or suspected child abuse and other forms of violence. Protection from sexual exploitation and abuse (PSEA) policies typically include [sic] mandatory reporting of sexual exploitation and abuse allegedly committed by humanitarian actors.” ¹⁹
Market	“The term ‘market’ refers to a system of exchange between two or more actors or players. The exchange can be for goods or services, or for money and can take place in a physical space or through virtual media such as the internet. Markets are sometimes defined by forces of supply and demand, rather than geographical location...” ²⁰

13 Glossary of Terminology for Cash and Voucher Assistance, Cash Learning Partnerships, 2019, <http://www.cashlearning.org/resources/glossary>

14 Glossary of Terminology for Cash and Voucher Assistance, Cash Learning Partnerships, 2019, <http://www.cashlearning.org/resources/glossary>

15 The Alliance for Child Protection in Humanitarian Action, 2019, Minimum Standards for Child Protection in Humanitarian Action, https://alliancecpha.org/en/CPMS_home

16 Glossary of Terminology for Cash and Voucher Assistance, Cash Learning Partnerships, 2019, <http://www.cashlearning.org/resources/glossary>

17 The Alliance for Child Protection in Humanitarian Action, 2019, Minimum Standards for Child Protection in Humanitarian Action, https://alliancecpha.org/en/CPMS_home

18 Ibid.

19 Ibid.

20 Glossary of Terminology for Cash and Voucher Assistance, Cash Learning Partnerships, 2019, <http://www.cashlearning.org/resources/glossary>

Mitigation	“Reducing harmful impacts or consequences. For humanitarian action, it may include physical infrastructural measures as well as improvements to the environment, strengthening livelihoods or increasing public knowledge and awareness.” ²¹ In the case of CVA, mitigating risks may include, for example, changing the amount, frequency, or modality of a cash transfer or changing the cash recipient within a household.
Modality	“Modality refers to the form of assistance – e.g. cash transfer, vouchers, in-kind, service delivery, or a combination (modalities). This can include both direct transfers to household level, and assistance provided at a more general or community level e.g. health services, WASH infrastructure.” ²²
Older people	“The concept of older age must be understood in broad terms. In many countries and cultures, being considered old is not necessarily a matter of age, but it is rather linked to circumstances such as being a grandparent, or showing physical signs such as white hair. Where people live in hardship, some of the conditions that can be associated with older age, such as mobility problems or chronic disease, are present at younger ages. While many sources use the age of 60 and above as a definition of old age, a cut-off point of 50 years and over may be more appropriate in many contexts where humanitarian crises occur.” ²³
Protection from sexual exploitation and abuse	“Term used by the UN and NGO community to refer to measures taken to prevent, mitigate and respond to acts of sexual exploitation and abuse by their own staff and associated persons, including community volunteers, military and government officials engaged in the provision of humanitarian assistance.” ²⁴
Risk	<p>“In humanitarian action, risk is the likelihood of harm occurring from a hazard and the potential losses to lives, livelihoods, assets and services. It is the probability of external and internal threats occurring in combination with the existence of individual vulnerabilities.</p> <p>For child protection, risk refers to the likelihood that violations of and threats to children’s rights will manifest and cause harm to children.”²⁵</p>
Referral	“The process of directing a child or family to another service provider because the assistance required is beyond the expertise or scope of work of the current service provider.” ²⁶
Separated children	“Children separated from both parents or from their previous legal or customary primary caregiver, but not necessarily from other relatives. These may, therefore, include children accompanied by other adult family members.” ²⁷

21 The Alliance for Child Protection in Humanitarian Action, 2019, Minimum Standards for Child Protection in Humanitarian Action, https://alliancecpha.org/en/CPMS_home

22 Glossary of Terminology for Cash and Voucher Assistance, Cash Learning Partnerships, 2019, <http://www.cashlearning.org/resources/glossary>

23 Minimum Standards for Age and Disability Inclusion in Humanitarian Action, HelpAge International on behalf of the Age and Disability Consortium, 2015, https://reliefweb.int/sites/reliefweb.int/files/resources/Minimum_Standards_for_Age_and_Disability_Inclusion_in_Humanitarian_Action_0.pdf

24 The Alliance for Child Protection in Humanitarian Action, 2019, Minimum Standards for Child Protection in Humanitarian Action, https://alliancecpha.org/en/CPMS_home

25 Ibid.

26 Ibid.

27 Ibid.

Unaccompanied children	“Children who have been separated from both parents and other relatives and are not being cared for by an adult who, by law or custom, is responsible for doing so.” ²⁸
Subgroup	Strata or segments within the population that are distinct from other parts of the population based on certain characteristics. Distinguishing characteristics may include[,] for example: age; gender; sexual orientation; ethnic origin; country of origin; caste; linguistic group; religious or political affiliation; etc.
Vouchers	“A paper, token or e-voucher that can be exchanged for a set quantity or value of goods or services, denominated either as a cash value (e.g. \$15) or predetermined commodities (e.g. 5 kg maize) or specific services (e.g. milling of 5 kg of maize), or a combination of value and commodities. Vouchers are restricted by default, although the degree of restriction will vary based on the programme design and type of voucher. They are redeemable with preselected vendors or in ‘fairs’ created by the implementing agency. The terms vouchers, stamps, or coupons might be used interchangeably.” ²⁹
Vulnerability	<p>“The extent to which some people may be disproportionately affected by the disruption of their physical environment and social support mechanisms following disaster or conflict. Vulnerability is specific to each person and each situation.</p> <p>For child protection, vulnerability refers to individual, family, community and societal characteristics that reduce children’s ability to withstand adverse impact from violations of and threats to their rights.” ³⁰</p>
Well-being	See entry for “child well-being”.



Santiago Billy/AFP-Services December 3, 2020, Guatemala.

²⁸ Ibid.

²⁹ Glossary of Terminology for Cash and Voucher Assistance, Cash Learning Partnerships, 2019, <http://www.cashlearning.org/resources/glossary>

³⁰ Ibid.

INTRODUCTION

This tool, “A focus group discussion/key informant interview tool to identify child protection benefits and risks before starting cash and voucher assistance,” is part of the “Toolkit for monitoring and evaluating child protection when using cash and voucher assistance” (CP and CVA M&E Toolkit). The toolkit was developed because:

- Multi-purpose cash (MPC) and cash and voucher assistance (CVA) as part of other sectors’ interventions may have unintended negative or positive impacts on children. To date, monitoring and evaluation of these unintended impacts have been limited.
- Designing CVA for use within child protection (CP) programmes to improve child well-being is relatively new. There is therefore little evidence of (a) how to design CVA for CP programmes and (b) what the associated CP risks and positive outcomes may be.

If appropriately designed, CVA should not pose a risk to children and their families. It may, in fact, address child protection concerns and improve child well-being. Actors introducing CVA may miss opportunities to maximise the impact of CVA or may cause unintended harm if they do not assess, address, and monitor:

- Direct and indirect impact on child protection concerns – including, for example, child labour, separated or unaccompanied children, or children at risk or experiencing harm;
- Inequality and discrimination – intentionally or unintentionally excluding certain groups of children, including due to gender inequality; and
- Child protection benefits³¹ associated with the introduction of CVA.

This discussion tool is for use by all humanitarian actors. This discussion/interview tool is for use by all humanitarian actors. Using this tool will help staff using CVA in humanitarian settings to capture information on:

- (1) Child protection risks that may arise when using CVA;
- (2) Strategies for mitigating child protection risks associated with CVA; and,
- (3) Positive child protection outcomes resulting from the use of CVA.

This tool is based on and adapted from the focus group discussion tool in the Women’s Refugee Commission (WRC) toolkit [*“Mainstreaming GBV Considerations in CBIs and Utilizing Cash in GBV Response”*](#).

Summary of the focus group discussion/interview tool

This focus group discussion/interview tool is for use by child protection, cash and other sector actors before they start disbursing cash and voucher assistance so that they may identify child protection benefits and risks. This information should be used to inform adjustments to the way CVA is being delivered.

³¹ The term “child protection benefits” is used here to refer to improved child well-being and the achievement of positive child protection outcomes.

Summary of “Focus group discussion/key informant interview tool to identify child protection benefits and risks before starting cash and voucher assistance.”

What does the tool do?	<ul style="list-style-type: none"> Identifies potential child protection benefits, risks, and mitigation strategies. Helps you design your programme.
What format is the tool?	<ul style="list-style-type: none"> Focus group discussion guide. Can be adapted and used as a key informant interview guide. Sample questions that should be adapted to context based on the M&E tools you are using.
Who should use the tool?	<ul style="list-style-type: none"> A programme manager, programme officer, or technical advisor should manage the data collection process. For use by M&E, cash, child protection or other sector staff. Must have CP staff technical support.
Who are the target respondents?	<ul style="list-style-type: none"> For use with a sample of adults who represent the affected population you will be targeting with your CVA.
How do you use the tool?	<ul style="list-style-type: none"> The tool is modular. You should select and adapt the story and questions presented in the tool to your context. You will need time for adaptation, translation, and testing of the tool. Allow 1 – 2 months for this localisation process before you plan to carry out the FGD/KIIs.
When do you use this tool?	<ul style="list-style-type: none"> Once; before starting cash and voucher assistance.

Why is this tool important?

In 2018 approximately 92 million people in humanitarian settings worldwide needed protection. Almost 50 million (54%) of these were children.³² All humanitarian actors have a responsibility to: “Do no harm”^{33,34}, and to protect the people they work with, including diverse children.³⁵ The use of this tool by all humanitarian actors implementing CVA enables the design and delivery of CVA that:

- Contributes to the protection of children.
- Identifies and mitigates associated risks that may be posed to children.

The Sphere Handbook sets out four Protection Principles that apply to all humanitarian action and all humanitarian actors, all of which may be better achieved when analysing data from the use of this tool and adapted programming accordingly.³⁶ Protection is one of three cross-cutting considerations for CVA.³⁷

32 Child Protection Area of Responsibility (2018). [Review of Child Protection Positioning and Localisation 2018](#).

33 There are four Protection Principles that apply to all humanitarian action. (1) Enhance the safety, dignity and rights of people, and avoid exposing them to harm. (2) Ensure people’s access to assistance according to need and without discrimination. (3) Assist people to recover from the physical and psychological effects of threatened or actual violence, coercion or deliberate deprivation. (4) Help people claim their rights. [Sphere Handbook \(2018\)](#)

34 Protection is one of three crosscutting considerations for CVA: (1) Community ownership, participation and accountability, (2) Protection, and (3) Livelihoods. CaLP, [Cash and Voucher Assistance - The Fundamentals](#).



35 “Humanitarian actors must promote the inclusion of children of all genders, ages and disabilities and adapt programming to children’s evolving capacities and needs.” [Minimum Standards for Child Protection in Humanitarian Action](#).

36 The four principles are as follows: (1) Enhance the safety, dignity and rights of people, and avoid exposing them to harm. (2) Ensure people’s access to assistance according to need and without discrimination. (3) Assist people to recover from the physical and psychological effects of threatened or actual violence, coercion or deliberate deprivation. (4) Help people claim their rights The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response, Sphere, 2018, <https://spherestandards.org/handbook-2018/>

37 The three cross cutting considerations are: (1) Community ownership, participation and accountability, (2) Protection, and (3) Livelihoods. Cash and Voucher Assistance - The Fundamentals, CaLP, <https://kayaconnect.org/course/info.php?id=496>

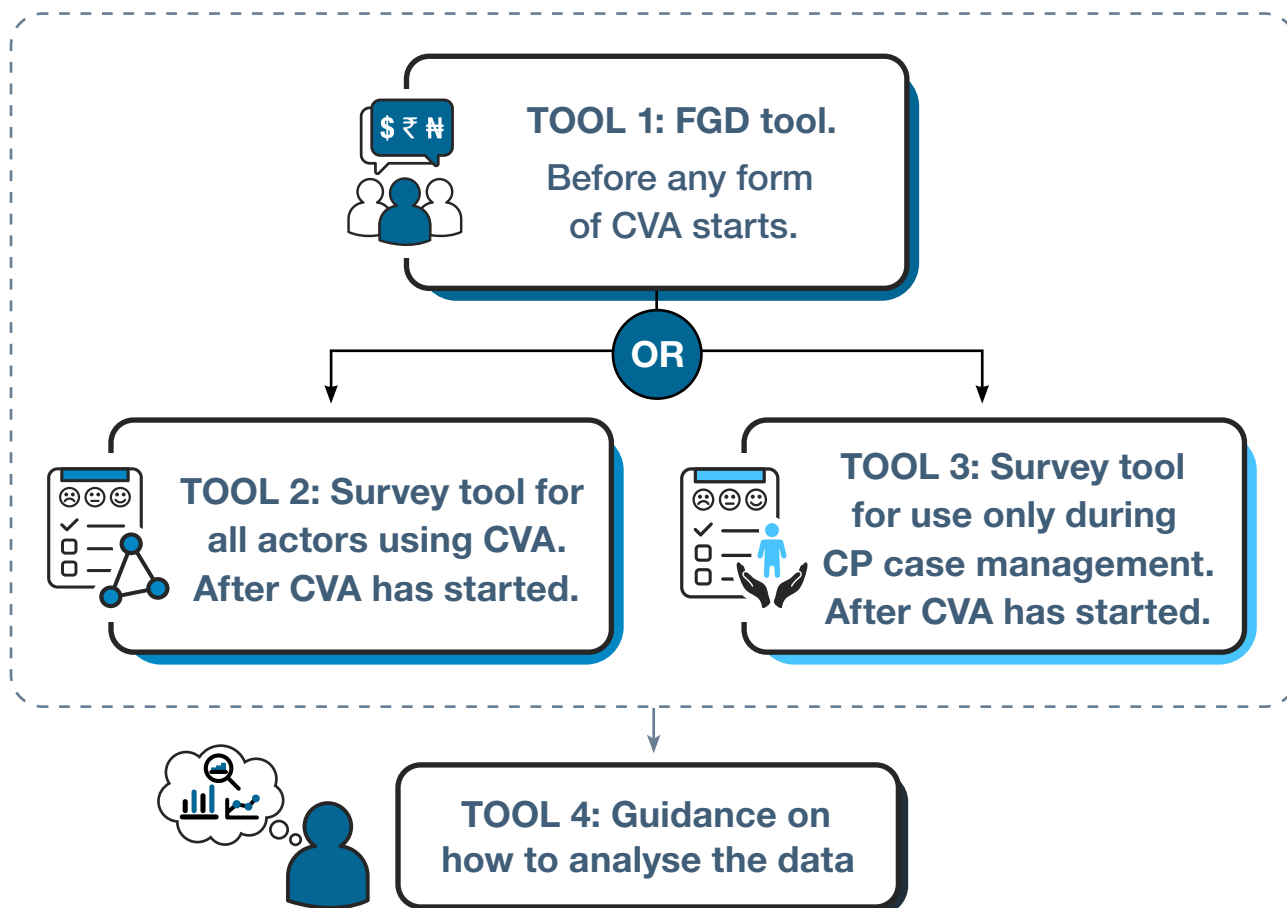
Toolkit for monitoring and evaluating child protection (CP) when using cash and voucher assistance (CVA)

The other tools in this toolkit for monitoring child protection in cash and voucher assistance are:

Other tools that are part of the “Toolkit for monitoring and evaluating child protection when using cash and voucher assistance”		
Name of the tool	 <p>Tool 2: A survey tool for all humanitarian actors implementing cash and voucher assistance.</p>	 <p>Tool 3: A survey tool for child protection (CP) caseworkers.</p>
What does the tool do?	<ul style="list-style-type: none"> • Determines if CVA has contributed to CP outcomes. • Identifies risks caused by CVA as they happen. • Identifies strategies for mitigating CP risks caused by CVA. 	<ul style="list-style-type: none"> • Determines if CVA has fulfilled its objectives in the CP case plan. • Informs adaptations of CVA referral processes. • Identifies risks caused by CVA as they happen. • Monitors effectiveness of risk mitigation mechanisms.
What format is the tool?	<ul style="list-style-type: none"> • A sample of questions to choose from. Can be used as an interview guide or self-administered in paper or electronic form. 	<ul style="list-style-type: none"> • A sample of questions to choose from. Can be used as an interview guide or self-administered in paper or electronic form.
Who should use the tool?	<ul style="list-style-type: none"> • A programme manager, programme officer, or technical advisor should manage the data collection process. • For use by M&E, cash, child protection or other sector staff. • Must have child protection technical support. 	<ul style="list-style-type: none"> • A programme manager, programme officer, or technical advisor should manage the data collection process. • For use by CP staff or CP caseworkers.
Who are the respondents?	<ul style="list-style-type: none"> • For use with a sample of adults who represent the affected population who are already receiving CVA. 	<ul style="list-style-type: none"> • For use with adults receiving cash and voucher assistance as part of their CP case management response.
How do you use the tool?	<ul style="list-style-type: none"> • The tool is modular. There is a sample menu of questions in the tool. You should select the relevant questions and adapt them to your context. • Allow 1 – 2 months for this localisation process before you run the research. 	<ul style="list-style-type: none"> • The tool is modular. There is a sample menu of questions in the tool. You should select the relevant questions and adapt them to your context. • Allow 1 – 2 months for this localisation process before you run the research.
When do you use this tool?	<ul style="list-style-type: none"> • For use after cash assistance has already started. • Can be used at regular intervals during assistance and for follow-up after assistance has ended. 	<ul style="list-style-type: none"> • For use after cash assistance has already started. • Can be used at regular intervals during assistance and for follow-up after assistance has ended.

Order in which you use the tools in the “Toolkit for monitoring and evaluating child protection when using cash and voucher assistance”

Each tool can be used individually or you can use Tool 1 with either Tool 2 or Tool 3. If using the tools together, the Focus group discussion (FGD)/key informant interview tool should be used first (before cash and voucher assistance (CVA) has started), and one of the survey tools would be used afterward, once CVA has already started.



The website address for the full toolkit is:

<https://resourcecentre.savethechildren.net/toolkit-monitoring-and-evaluating-cpcva>.



Links with the WRC tools “Mainstreaming GBV Considerations in CBIs and Utilizing Cash in GBV Response”

This tool is based on and adapted from the Women’s Refugee Commission (WRC) tool [“Mainstreaming GBV Considerations in CBIs and Utilizing Cash in GBV Response.”](#) The tools from WRC have been adapted to include:

- Questions that focus on the situation of children; and,
- Questions on a range of child protection concerns, not only those relating to gender-based violence.

Ways of using the CP and CVA M&E Toolkit with the WRC tools “Mainstreaming GBV Considerations in CBIs and Utilizing Cash in GBV Response”

There are four main ways you can use the WRC tool and this CVA and child protection tool together:

Options for using the CP and CVA M&E toolkit with the WRC GBV toolkit

1 The two tools may be used entirely independently.

OR

Where the WRC tool has already been used, you may still wish to use this toolkit to gather further data on:

- 2
- GBV issues as they face children specifically, and,
 - CP concerns that are not forms of GBV – e.g. child labour and child separation.

OR

3 Where the CP tool has already been used in the context, you can still use the WRC tool to get more details on GBV issues as they face adults.

OR

You can combine the tools and contextualise them. Given both sets of tools – this one and that of WRC – are modular in design, and should be adapted to context, you can:

- 4
- Review both the packages of tools,
 - Look at your existing CP and CVA monitoring and evaluation tools,
 - Identify the current gaps relating to monitoring CP and GBV concerns, and,
 - Select questions from the two packages that complement your existing M&E process.

Other relevant guidance

Listed below are further resources providing guidance to (a) support the use of CVA to achieve child protection outcomes or (b) mitigate child protection risks when using CVA.

Other key guidance that should be read along with this tool:

- [*Child safeguarding for cash and voucher assistance guidance*](#), Judith Amar, Hannah Hames, and Nik Clifton, 2019, Save the Children.
- [*Safer Cash Toolkit: Collecting and using data to make cash programs safer*](#), August 2019, USAID and IRC.
- [*Child-Centred Multi-Risk Assessments: A field guide and toolkit*](#), Plan International, July 2018.
- [*Protection Risks and Benefits Analysis Tool*](#), Enhanced Response Capacity Project.

Other key guidance that should be read along with this tool:

- [*Overview of Toolkit for Optimizing Cash-based Interventions for Protection from Gender-based Violence: Mainstreaming GBV Considerations in CBIs and Utilizing Cash in GBV Response*](#), Women's Refugee Commission, 2018.
- The CaLP Programme Quality Toolbox, <https://www.calpnetwork.org/learning-tools/programme-quality-toolbox/>.



Minimum proposed actions for reducing harm to children

In order to “Do No Harm,” humanitarian actors are obliged to identify any child protection concerns that may arise and design interventions to mitigate the risks identified. Designing CVA that considers, and is adapted to, the situation of children also ensures programmes are inclusive of some of the most at-risk members of affected populations and host communities.

All humanitarian actors using CVA should work with child protection experts to accurately assess, address, and monitor child protection benefits and concerns.

In cases where limited resources (in terms of staff skills or time, or funding) mean that any staff implementing CVA are unable to carry out a specific child protection benefit and risk analysis, minimum proposed actions are:

- Review and adhere to the [Child safeguarding for cash and voucher assistance guidance](#).³⁸
- Seek technical support in country from the child protection/cash coordination group.
- Put in place systems for collaboration between child protection and cash actors at each stage of the programme cycle:
 - Sharing assessment findings,
 - Feeding into each other’s programme plan development processes,
 - Supporting each other during implementation by providing technical expertise,
 - Advising on monitoring processes, and,
 - Sharing, reviewing, and applying lessons learnt from programme evaluations.

What is the purpose of this focus group discussion/interview tool?

This tool sets out guidance for holding discussions with adults in the communities where you will be using CVA. The tool may be used in FGDs with a number of individuals with similar characteristics. Alternatively, this tool can be used as a key informant interview guide when there are issues with access (due to, for example, disrupted communication; security or an infectious disease outbreak)³⁹ or when limited resources do not allow for FGDs.

Analysis of the responses given during the discussion can help to identify...

Benefits to children.

To maximise child protection benefits, all humanitarian actors using CVA can use this tool to identify and monitor the intentional and unintentional child protection outcomes achieved through the use of CVA in all sectors.

- CVA has only recently started to be used to intentionally achieve child protection outcomes. In addition, the monitoring of unintentional child protection outcomes resulting from the use of CVA in other sectors’ programmes is infrequent. Currently, the evidence on the benefits of using cash and voucher assistance to achieve child protection outcomes is relatively limited.
- This tool can help cash and child protection actors identify possible future child protection benefits resulting from the use of CVA.
- This can then be monitored and assessed during the life of the CVA in order to build a stronger evidence base on how CVA can protect.
- This evidence can subsequently help in the development of a theory of change for child protection outcomes relating to CVA.

38 Judith Amar, Hannah Hames, and Nik Clifton (2019) [Child safeguarding for cash and voucher assistance guidance](#). Save the Children.

39 During the first phase of a rapid onset crisis running focus group discussions is not recommended. Global Protection Cluster, Child Protection Working Group, December 2012 Child Protection Rapid Assessment Toolkit

Sexual exploitation and abuse or safeguarding issues.

- The field of safeguarding in CVA is relatively new and underdeveloped.⁴⁰ Child safeguarding risks that arise when using CVA are not necessarily increased or distinct from the safeguarding risks faced when implementing other programme interventions.⁴¹ However, as with all humanitarian interventions, it is vital that all actors identify the possibility of humanitarian staff, operations, or programmes causing harm, mitigate against this, and rapidly respond when it does occur.

Child protection risks associated with the introduction of CVA.

- CVA may push families and children to choose certain negative coping strategies. CVA should consider the challenges and risks children face, and how these differ from the risks faced by other members of the population. This tool, used in conjunction with other guidance on risk assessment for children, will help this process.

Possible risk mitigation strategies.

- Strategies to ensure the safe receipt and use of CVA may be suggested during the discussion. Respondents may also share information that enables staff to identify actions that may present risk and should be avoided.
- The information gathered can inform the understanding amongst child protection staff; cash actors; and monitoring, evaluation, accountability and learning (MEAL) teams so they better design programmes that mitigate against child protection risks and maximise benefits.

In turn, this analysis may be used to:

- Inform adaptations of CVA to improve outcomes for children (e.g. adaptations to the modality, or delivery mechanisms, amount, frequency, and duration).
- Inform adaptations of and improvements to risk mitigation mechanisms put in place.

Save the Children's '[Child safeguarding for cash and voucher assistance guidance](https://resourcecentre.savethechildren.net/library/child-safeguarding-cash-and-voucher-assistance-guidance)'⁴² outlines the range of child protection risks that may be present throughout all stages of the programming cycle when using CVA. It sets out actions that may be used to mitigate those risks. The tool presented here enables you to identify the specific risks present in your location. Cross-referencing the risks you identify with the mitigation strategies set out in the 'Child safeguarding for cash and voucher assistance guidance' should enable you to avoid unintentional harm to children.

Who is this focus group discussion/interview tool for?

Collaboration between sectors

This tool is for use by child protection, cash and other sector actors. It may also be used by M&E experts. Collaboration between actors across sectors and areas of expertise may:

- Avoid duplication in monitoring processes;
- Reduce children and their families' exposure to risks; and
- Enhance confidentiality by raising awareness among a range of actors about the sensitivity of child protection information.

It is recommended that this tool be used by:

- All those implementing cash and voucher assistance, regardless of whether a cash and voucher intervention has planned child protection outcomes or not.
- All cash, child protection and other actors considering CVA for child protection outcomes.

40 Judith Amar, Hannah Hames, and Nik Clifton, (2019) Child safeguarding for cash and voucher assistance guidance, Save the Children, <https://resourcecentre.savethechildren.net/library/child-safeguarding-cash-and-voucher-assistance-guidance>.

41 Ibid.

42 Ibid.

In all cases – whether child protection staff, cash or other sectors carry out the research – it is recommended that findings and analysis are shared across sectors so that child protection and cash actors tailor and adjust their protocols and processes to maximise the safety and protection of children and their families. See the section on [How to analyse the data, share findings, and adapt your programme design](#) for further details on collaboration regarding data sharing.

All collaboration and information sharing between actors should strictly follow data protection protocols and ensure the confidentiality of children and their families.

Who should manage the data collection process?

Using the FGD tool – and the other tools in the CP and CVA M&E Toolkit – requires management. One person in your location should be responsible for the adaptation and implementation of the M&E process. The person who fills this role will likely be a programme manager, technical adviser or programme officer. They can work in any humanitarian sector or be part of the M&E team. They should:

- Oversee the adaptation of the tool or tools to context. Adaptation involves: adjusting the instructions and questions so they are relevant to the setting; choosing the most understandable and appropriate terminology; and translating all the text into local languages.
- Harmonise with existing MEAL processes. Collaborate with programme managers, technical advisers, or programme officers who are using CVA. This personnel can work on child protection, on other sector programmes, or they may be part of MEAL teams. Adapt the tool so it is complementary to the existing data gathering tools they are using.
- Select appropriately diverse and qualified:
 - o Enumerators (those who will facilitate the focus group discussion or interview),
 - o Interpreters, and,
 - o Administrators.
- Train the enumerators, interpreters, and administrators.
- Lead a risk assessment process.
- Develop strategies to mitigate all risks identified. This must include means of mitigating any risks related to public health; conflict; or natural disasters, as well as immediate risks to children and relating to a breach of confidentiality.
- Confirm that child protection referral pathways are in place in all locations where data collection is happening. This is in case safeguarding incidents are disclosed.
- Agree on key data collection parameters, including, for example:
 - o Sample methods and size.
 - o Location for FGD/KII.
- Manage the data collection and analysis process.
- Oversee the process for interpreting results.
- Disseminate findings with a wide range of relevant audiences, whilst maintaining confidentiality.
- Establish a mechanism for feedback to those who participated in the data collection process.

Who should run the focus group discussions or interviews?

At least two facilitators/enumerators should be present when a focus group discussion (FGD)/interview is being run. The discussion facilitators/interviewers should be diverse, must be appropriately qualified, and should have had appropriate training. Minimum expectations in terms of qualifications and training are outlined in the [conditions](#) section below.

In addition, you may need an interpreter and further administrative support.

The different roles needed to run the focus group discussion thus include:

- (1) Facilitator(s)/enumerator(s)
- (2) Interpreter(s)
- (3) Administrator(s)
- (4) Note taker(s)

Four functions to run and support the focus group discussions.

1. Facilitators/enumerators: Are responsible for:

- Remaining independent and not allowing their views to influence participants' responses.
- Explaining the purpose and the structure of the FGD to respondents.
- Defining key terms – such as child protection and cash and voucher assistance.
- Describing confidentiality and seeking informed consent.
- Running through the questions set out in the tool.
- Ensuring equal participation in the discussions.
- Allowing respondents to express their views.
- Timekeeping.

2. Interpreters: Are responsible for:

- The presence of an interpreter may be necessary if the facilitator(s)/interviewer does not have the necessary language skills (including sign language skills) to communicate with the group participants.
- The interpreter should be chosen with consideration for how they may be perceived by participants. For example, ensure the interpreter is not from a rival ethnic group and/or, where possible, that they are the same gender and age group as the participants. Any interpreter supporting the discussion must be briefed before running the focus group discussion or interview.⁴³
- Subjects that must be clarified prior to the discussion are: how key terms should be translated; confidentiality; non-discrimination; and expectations concerning word-for-word translation as opposed to paraphrasing.

3. Administrative support: Are responsible for:

- There are certain logistical and administrative needs when running group discussions. It can be a challenge to address these concerns during the meeting.
- The person designated as the “administrator” will need to address issues such as participant registration, provision of refreshments, reimbursing costs for attending the discussion, etc.

4. Note-taking and record-keeping: Are responsible for:

- Accurate and comprehensive note-taking and record-keeping is a vital part of the FGD data collection process. Only with complete notes will you have the data you need for analysis after the FGDs are complete.
- You may wish to:
 - Keep written notes;
 - Take photographs of any flipcharts, artwork, or ranking produced during participatory activities (if these are being used in your context); and/or;
 - Make an audio recording of the discussions.
- The role of note-taker and record keeper can be done by any of the above individuals who are running the FGD – but it must be clear who is filling this role and how they will manage this in conjunction with the other responsibilities they have. It can be hard for the facilitator to write notes and guide the discussion at the same time.

⁴³ Excellent guidance on the role, principles, ethics and conduct of interpreters is available in this document: UNHCR Austria, ed. 2017. Handbook for Interpreters in Asylum Procedures. Vienna: UNHCR Austria. https://www.unhcr.org/dach/wp-content/uploads/sites/27/2017/09/AUT_Handbook-Asylum-Interpreting_en.pdf

Who will be the focus group discussion participants?

This tool should be used with adult respondents.

Group characteristics for focus group discussions: Select participants who will feel comfortable speaking in front of each other. Minimise power differentials caused by age, gender, disability, and/or other aspects of diversity. Hold discussions with women and men separately. Where it is safe, and where those of diverse Sexual Orientation, Gender Identity and Expression, and Sex Characteristics (SOGIESC) feel comfortable with this option – hold meetings with SOGIESC individuals separately. This may require you choose a specific location where it is safe for them. Consult with (a) women and men and/including (b) individuals who are, or identify as, lesbian, gay, bisexual, transgender and intersex (LGBTI) about where feels comfortable for them.

Number of respondents in a focus group discussion: Each group discussion can comprise five to eight respondents. Too small a group and people can feel uncomfortable to speak, too large a group, and it may not be possible to find the time to hear everyone's views.

Selecting focus group participants: When using this tool for both focus group discussion or key informant interview guide you should select respondents using purposive sampling.⁴⁴ The selection of respondents does not have to be random. They do have to be diverse – representing a range of different minority, indigenous, or ethnic groups; including those of different gender; with disabilities; of all ages; and including those living with disabilities and chronic illnesses.

When running focus group discussions, you may have groups of *community representatives* or separate groups of caregivers.

Community representatives: Choose well-respected members of the population who can inform the organisation about the risks children and their families may face if they receive cash and voucher assistance. Invite individuals within the population who have the most insight into the lives of children who are at risk, marginalised, or isolated. Identify the at-risk groups of children: out-of-school adolescent girls; children in at-risk families; children associated with gangs; children who are unaccompanied; children in formal/informal foster care; children who work; child-headed households; or children who are out of school – and ask yourself, “who has most frequent contact with these diverse children?” The respondents should also include people who have frequent contact with children and know where children go to feel safe, to learn, or where children spend their leisure time.

This may include, for example, shopkeepers, sports coaches, children's club leaders, women and youth group leaders, primary and secondary school teachers, health care practitioners and traditional birth attendants, social workers, police, religious leaders, etc.

Caregivers: When you have already determined your programme's targeting criteria and have a list of expected CVA recipients, you may also wish to run a group discussion with a sample of caregivers from your targeted CVA recipients. **Be careful not to raise expectations, even when you are running FGDs/KIIs only with planned recipients. The assessment process may identify risks associated with CVA that are too great to be mitigated. This would mean that your future programme interventions cannot include CVA.**

Sample size for focus group discussions: Where possible, run two to three focus group discussions for the same category of people (e.g. women, of a certain age group) in each community.⁴⁵ Consider how you need to divide your discussions based on population subgroups so individuals feel comfortable sharing their views with others from similar backgrounds. Each individual has many intersecting characteristics (that is, they will be of a certain age, gender, disability and/or other aspects of diversity). Decide which characteristics are most important for your purposes and which will most influence the responses given during the discussions. Divide the groups along the lines of the most important and influential characteristics.

⁴⁴ This is also known as “judgmental”, “selective”, or “subjective” sampling.

⁴⁵ Discussions with 2 – 3 groups of individuals from one category of people should capture roughly 80% of themes on a topic. Guest, Greg & Namey, Emily & McKenna, Kevin. (2016). How Many Focus Groups Are Enough? Building an Evidence Base for Nonprobability Sample Sizes. *Field Methods*. 29. 10.1177/1525822X16639015.

Possible focus group discussion composition

Focus Groups	Number of groups to be held in each location	Number of participants in each group	Possible suggestions	
Community representatives - women	1-2	5 – 8	If you will do a total of 3 FGDs with community representatives, have 2 groups of women and 1 group of men.	If you will only do a total of 3 FGDs in one location, do 1 FGD with women community representatives, 1 FGD with men community representatives, and 1 group with women caregivers.
Community representatives - men	1-2	5 – 8		
Caregivers – women	1-2	5 – 8	If you will do 3 FGDs with caregivers, have 1 group of men and 2 groups of women.	
Caregivers – men	1-2	5 – 8		

What is a community?

- What constitutes a community needs to be determined by the team running the research in the country. For this research, you are trying to identify a group:
 - That faces broadly similar child protection risks⁴⁶; and/or,
 - Where the causes of those child protection risks are the same (e.g. in one location one “community” may have high levels of child separation caused by rural-urban migration; the other community may have child separation caused by the traditional practice of putting children in a religious institution for a certain period); and/or,
 - Uses similar actions to protect children.
- A location should be divided into multiple sites along the lines of distinct characteristics regardless of the group’s size when:
 - Populations with divergent and distinct characteristics live together in one site; and
 - That you believe these characteristics will likely impact the child protection risks and protective factors present.

Who will be the key informant interview respondents?

Selecting key informants: When running key informant interviews, your selection process should be similar to selecting community representatives for FGDs (as described above).

Sample size for key informant interviews: When using this tool to design key informant interviews, three or more key informants should be selected in each community. This allows for the triangulation of findings.⁴⁷ The more key informant interviews you can carry out, the richer and more detailed information you will gather. How many interviews you can do will depend on the amount of time and resources (human and financial) you have to support the data collection process.

⁴⁶ The broad categories of risks as set out in the child protection minimum standards are – (1) dangers and injuries; (2) physical and emotional maltreatment; (3) sexual and gender-based violence; (4) mental health concerns and psychosocial distress; (5) association of children with armed forces or groups; (6) child labour; and (7) separation of children.

⁴⁷ Child Protection Working Group (CPWG), (2016) Child Protection in Emergencies Monitoring Toolkit.

Possible key informant interview numbers

Key informant interviews	Number of KIs to be held in one location	Suggestion
Community representatives - women	1-2	You should aim to have equal numbers of women and men in your KIs. If you will have an uneven total number of KIs (i.e. 3, 5, 7, 9, etc.) then, depending on your setting, you should have more women than men (e.g. for a total of 5 KIs, interview 3 women and 2 men). ⁴⁸
Community representatives - men	1	

When will you use this focus group discussion tool?

As presented, the tool is for use before delivering CVA, at the situation analysis and programme design or planning phase(s). When used before starting CVA, this tool can help:

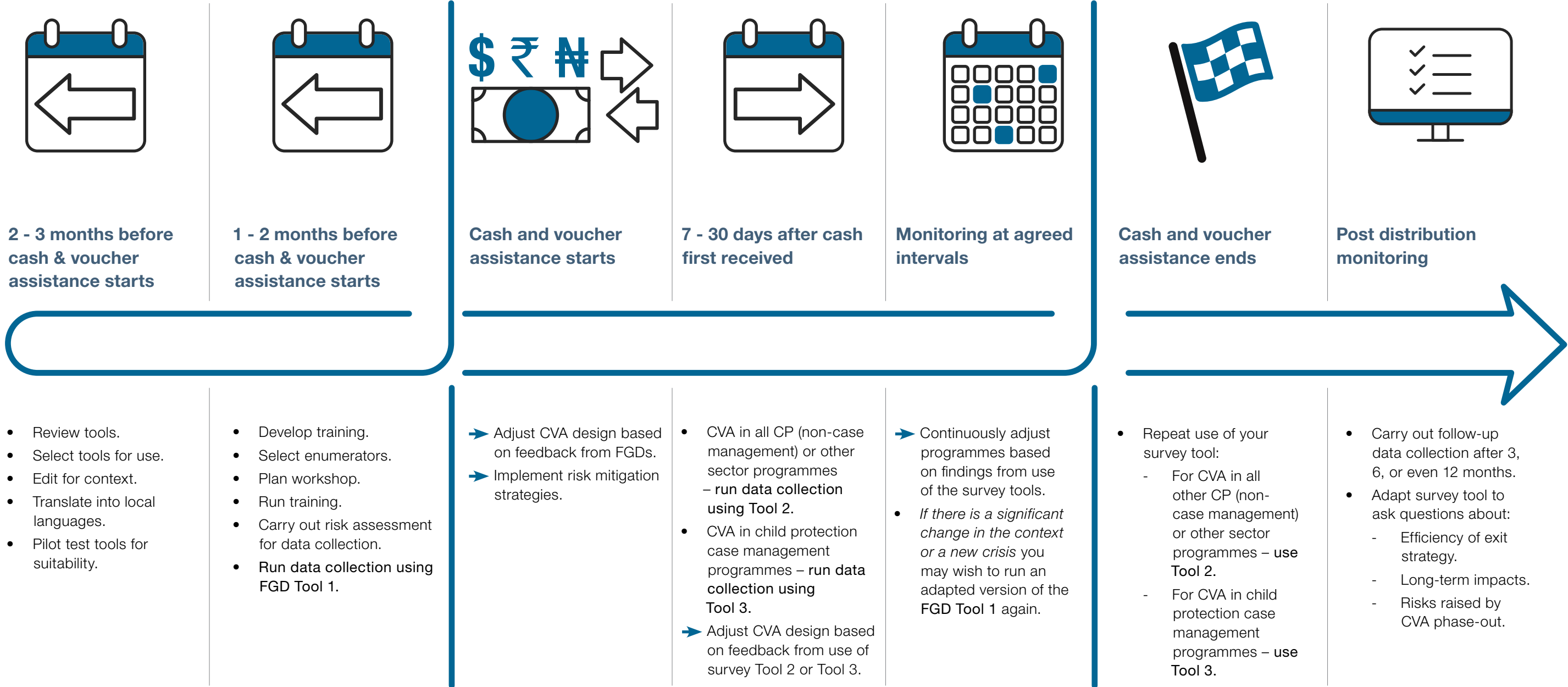
- Identify ways in which CVA can achieve positive child protection outcomes and protect children from harm,
- Establish any potential risks to children that may arise from the humanitarian staff, operations, or programme delivering CVA;
- Identify any family or community-level risks that may be exacerbated by CVA; and
- Plan for mitigation of those risks in the programme design (including by tailoring the delivery of CVA such as the disbursement mechanism, frequency, duration, value, and activities and services paired with CVA).

A timeline for using Tool 1 and the other Tools in the CP and CVA M&E Toolkit is presented below. The timing and duration of activities are indicative. Key factors are:

- (1) The order in which you use the tools.
- (2) The need to allow time for:
 - a. Adaptation of the tool:
 - i. Translation.
 - ii. Contextualisation.
 - iii. Testing the tool.
 - b. Selection and training of enumerators.
 - c. Planning and organisation of the logistics.
 - d. To analyse findings and integrate them into your programme design.
- (3) Need to complete data gathering processes to feed into and adapt the programme design before you start to implement CVA.

⁴⁸ In most settings across the world, women have more contact with children and fill a greater number of caring functions in society. They will, therefore, have a deeper understanding of the day-to-day issues facing children. When in a setting where men have more contact with children, then the balance should be in their favour.

Timeline for using Tool 1 and the other tools in the CP and CVA M&E Toolkit



In some situations, the context may have changed so significantly that the FGD or interview could be adapted for use during implementation and monitoring – that is after CVA has started. This would only be when: (1) There has been a significant change in context that might alter the risks, or, (2) You wish to gain a deeper understanding of new patterns of risks that are being reported. First look at the accompanying survey tools, Tool 2 and 3. These may help you capture the information you need without having to significantly change the FGD tool. If you decide an adapted version of the FGD tool would be better, using the FGD tool after CVA has started could help you to identify:

- Positive outcomes that have already been achieved in the lives of children;
- Sexual exploitation and abuse or child safeguarding incidents that may have already occurred;
- Negative coping strategies families have employed; and
- Mitigation strategies communities have already been using.

Using the tool when CVA has already started:

- **Adapt the introductory text,** [Section I. Introduction](#). Add a paragraph that explains to FGD participants that although CVA has already begun, you would still ask that the discussion focuses on a hypothetical situation (the story) so that confidentiality is maintained and people feel comfortable to talk.
- **Write a story.** You can choose to write a story based on real events – but ensure that it is made fully anonymous and no one can identify the child, family, or community that the story is based on.
- **Select questions:** Select a number of the hypothetical questions from [Section V: Sample of discussion or interview questions](#). Follow these with a selection of questions from the survey tool [“How cash and voucher assistance can protect children: A survey tool for all humanitarian actors implementing cash and voucher assistance.”](#)

Why the use of story in this tool?

This tool uses story as a way to understand the links between CVA and CP in your setting. A menu of different stories is presented and facilitators should choose the story most suited to the context and the respondents selected to participate in the discussion.

Guidance on choosing the right story for your context is given below in “Step 4. Choose a story and adapt it so it is appropriate to your context” from the section [“How do you contextualise this tool?”](#) below.

Using story may help:

- Humanitarian actors understand the perspectives of the families who will be receiving cash and voucher assistance without having to ask probing questions that may cause distress;
- Facilitate hypothetical discussions so that people do not have to share their private or personal experiences or expose the fears and risk realities within their daily lives; and,
- Enable the tool to be contextualised.

How can you engage children in your cash and voucher assistance for the child protection monitoring process?

Engaging children in the monitoring process can help obtain unique insights about the benefits and risks facing children. Findings from discussions with children may complement those from monitoring activities involving caregivers and other community representatives. However, very specific staff skills, adapted participatory activities, and a set of additional precautions and measures must be in place to enable child participation in the process. There is a separate set of tools describing how to run participatory monitoring and evaluation activities on CVA and child protection with adolescents. This is available on the [“Toolkit for monitoring and evaluating child protection when using cash and voucher assistance” website](#).⁴⁹ Child protection actors must always be involved when working with children to identify risks.

49 The website address for the full toolkit is: <https://resourcecentre.savethechildren.net/toolkit-monitoring-and-evaluating-cpcva>

Where should you use this focus group discussion/interview tool?

Participants should be involved in choosing locations for the discussions. Confer with a range of participants to get their feedback on where they would like to meet. Community halls may have the space necessary, but may be too visible, or associated with a certain social, economic, ethnic, or political group. Schools; a social worker's office; health centres or clinics; non-governmental service providers; or the meeting room in the offices of a community-based organisation may be good alternatives. The site chosen for a particular group must be somewhere that all chosen participants will willingly attend. You may need to run the FGDs in various locations for the comfort of different groups/individuals.

When choosing a location to run the discussion, you should consider four main factors.

Four main factors to consider when choosing a location for running group discussions.	
Safety: You should run the data collection in a location where you can maintain respondents' and data collectors' confidentiality. You need to ensure the safety and security of everyone involved in the information gathering process at all times.	Accessibility: Selected settings should be easily, safely, and confidentially accessible by diverse participants. Consider the accessibility of both the physical space and the route taken to and from that space.
Adherence to safeguarding standards: The space must allow for compliance with organisational safeguarding procedures. Where possible, provide childcare for the children in the care of the adults attending the meeting. This may be done, for example, through supervised group activities or a mobile child-friendly space.	Privacy: Focus group discussion/interview should happen in a space that ensures privacy. Those outside the room should not be able to hear discussions taking place inside.

Before starting the discussion/interview process, carry out a risk assessment of chosen locations. You can run a safety audit by adapting guidance about gender-based violence in emergencies: [Safety Audits: A How-To Guide](#). Risk levels should be continuously assessed and mitigating actions put in place. Alternate locations should be identified if risks are too high or when the situation is volatile.

In some settings, where physical access is not possible, and technological capacity and connectivity are good enough you can ask respondents to complete the interview process over the phone or using telecommunications applications online.

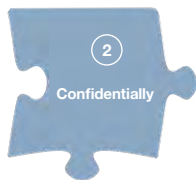
What are the conditions for using this tool?

The following eleven conditions **must be guaranteed** when conducting research on how CVA can impact child protection risks and outcomes. If it is not possible to implement any of the elements below, then it may not be possible to run the group discussion/interview.

Eleven conditions for using the CVA AND CP M&E FGD tool



- 1) **Risk assessment:** Before commencing any participatory monitoring activities, you must use a risk assessment process to establish that the expected benefits will outweigh risks. The risk assessment should identify existing risks and seek to identify any potential future risks of carrying out such a participatory monitoring process. For the monitoring process to proceed, two conditions must be met:
 - (i) The risk assessment must conclude that the expected/predicted **benefits** to respondents and communities taking part in this monitoring process are greater than the **possible risks** to respondents and communities.
 - (ii) A mitigation strategy must be in place to address any possible risks that may arise.



- 2) **Confidentiality:** In-country data-sharing protocols – including best practices for confidentiality⁵⁰ – must be adhered to at all times during data collection, record keeping, data analysis, and information sharing.

When CVA recipients are invited to participate in an FGD or interview, and/or if others are informed of the activity, they should be told it will assess the quality of humanitarian cash and voucher assistance. The fact that the discussion relates to risks and child protection concerns that may be experienced should not be widely advertised. It should not be possible to trace a person who, during a discussion, discloses details of serious harm to a child.

- ➔ Seek support from a child protection technical specialist throughout the data collection cycle to identify strategies for maintaining respondents' confidentiality and information they have shared.
- ➔ An example action may include: When verbally asking questions, ask them one-on-one, rather than in a group setting.



- 3) **Informed consent:** The enumerators must seek informed consent from all respondents participating in the group discussion or interview. The enumerators must seek consent when planning the data collection activity; and when inviting respondents to participate in the discussion/interview. Then facilitators must also seek consent on the day the data collection activity begins.

Respondents are allowed to withdraw consent at any time.

This tool provides a suggested script for the informed consent process, below, [Section 1: Introduction and consent](#). There are eight elements to the suggested script; these are:

- i. Reason for the group discussion,
- ii. Subject matter of the group discussion,
- iii. Intended outcomes of the group discussion,
- iv. Rights of the participants,
- v. Confidentiality,
- vi. Best interests and mandatory reporting,
- vii. Referral, and,
- viii. Option for clarification.

All eight elements are equally important when explaining the process and seeking to secure respondents' consent. None of these elements should be cut or skipped in any location.

Having informed consent means respondents are happy to take part in the research even though it will not lead to monetary compensation. It should be clear that taking part in the research process does not guarantee that individuals or their community will receive new or further assistance.

⁵⁰ For fuller guidance on maintaining confidentiality see: Melville Fulford, Louise and Smith, Rebecca, 2013, Alternative Care in Emergencies Toolkit, Tool 10: Example Confidentiality Guidance Note, https://resourcecentre.savethechildren.net/node/7672/pdf/ace_toolkit_0.pdf. And WHO (2007) WHO Ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies, https://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf



- 4) **Best interests of the child:** During the FGD/interview, child protection concerns may be raised that need immediate action. To adhere to the “best interest of the child” principle, the need for action may override the principle of confidentiality. Reporting an incident to a relevant staff member or service provider should only happen according to strict procedures. A child protection staff member who can advise on these issues should be available in person or by phone.

A plan must be in place that states how the organisation will respond if during the group discussion/interview process:

- A child discloses any experience of harm;
- A parent or caregiver discloses that a child is being or has been harmed;
- An enumerator or staff member observes a caregiver or another adult’s behaviour that harms a child or puts a child at risk of harm, and/or
- A parent or guardian discloses that they are behaving in certain ways that are not in the best interests of a child in their care. For example, they have pulled a foster child from school and are making them work in agriculture.



- 5) **Mandatory reporting:** All team members must understand and adhere to organisational mandatory reporting requirements – whether the reporting is internal or external to the organisation.

- ➔ Inform all individuals participating in the discussion of any existing reporting obligations before the process begins, and again if any respondent starts to disclose details of a child protection incident.
- ➔ In order to inform any decisions about how you will handle local reporting requirements, assess:
 - Organisational policies and procedures;
 - Local referral pathways;
 - Social welfare response procedures;
 - National and local laws relating to reporting;
 - Justice and security actors’ response to children and alleged perpetrators; and
 - Possible risks to children, their families, witnesses, and alleged perpetrators.
- ➔ Report, as rapidly as possible, if any respondent indicates a safeguarding incident in response to any of the questions during the group discussion.



- 6) **Referral pathways:** Referral pathways must be in place should individuals disclose information about any experiences or possibilities of harm to a child.

- ➔ The facilitation team must confirm the following are in place before starting any discussions with affected populations:
 - Locally specific referral pathways – including safety and security; health; mental health and psychosocial support; justice; and reintegration support – must be fully functional and known to the facilitators.

- Service providers are present locally that can give the care and support needed by children experiencing any form of harm or maltreatment.
- Service providers' contact names, addresses, and phone numbers are available on the day of the discussion.
- One of the facilitators is responsible for monitoring the discussion. If a participant begins disclosing an incident, this facilitator should suggest the respondent can either 1) leave the room to discuss or 2) share in another private room after the group discussion concludes. A staff member or facilitator must be present to offer support in this referral process.
- Contingency budget for accessing these services.
- Logistical support is available to access services.



7) Diverse, qualified, and supported staff team:

Selection: Facilitators should be carefully selected to reduce bias. They should be representative of the intersecting identity characteristics of respondent communities. Thus, where possible, enumerators should be diverse men and women, of different races or ethnicities, representing different linguistic, religious, and marginal groups, living with and/or without disabilities, etc.

Staff running focus group discussions/interviews must have:

- Completed safeguarding checks (in-line with organisational policy);
- Read and signed a code of conduct and/or safeguarding policy; and,
- Experience running focus group discussions/key informant interviews.

Training and qualifications: All members of the data collection team must receive relevant and sufficient training, or have demonstrated skills and experience in the following areas:⁵¹

- Group discussion facilitation techniques;
- Participatory research methods (including on any participatory activities you may have introduced when contextualising the tool);
- Unconscious bias and gender sensitivity;
- Child protection concerns and principles;
- Child protection referral pathways;
- Accountability and reporting mechanisms – both national and local;
- Protection from Sexual Exploitation and Abuse;
- Safeguarding; and,
- The fundamentals of CVA.

Staff well-being: Staff need to be able to access confidential mental health and psychosocial support in case of trauma or distress relating to either (1) hearing about others' negative experiences, or (2) discussions reminding them of violence they have experienced or been exposed to themselves.

CP technical support: All facilitators must have access to ongoing child protection technical support, so they can discuss and confirm how they are working.

⁵¹ At the time of finalising this FGD guidance, training modules were just starting to be developed. When complete, the training materials will appear on the toolkit website: <https://resourcecentre.savethechildren.net/toolkit-monitoring-and-evaluating-cpcva>.



8) Mental health and psychosocial well-being:

The subject of the discussion is very sensitive. It is possible that the respondents know children who have experienced the forms of harm described or have experienced harm themselves. Ensure that one of the facilitators is monitoring participants for signs of distress. Make it possible for those in distress to leave the room and opt-out of any further participation in the discussion process. Have a staff member or facilitator on stand-by to either 1) provide psychosocial support or 2) refer and accompany individuals to PSS services.



9) Culturally aware:

Facilitators must be aware of, sensitive to, and respectful of the socio-cultural norms of the individuals participating in the focus group discussion/interview. However, facilitators must not show any signs that they condone or support harmful traditional practices.



10) Sensitive: Facilitators must **NOT** ask or probe about any history of harm to a child during the discussion process. It is not appropriate to discuss during monitoring processes. If a respondent starts to disclose harm or violence experienced by a child, respond in a kind manner, and provide the option to speak to a child protection specialist in a confidential meeting in a private location outside the room or at a later time/date.



11) Inclusive approach: The methods used to facilitate the discussion must be inclusive. This includes the use of interpreters, local languages or sign language as necessary, and using participatory activities (for example, seasonal diagram or timeline; risk mapping; tree analysis; or ranking).⁵² The location must also be accessible to all respondents.



Ricardo Franco Mozambique 28 January 2021.

⁵² For ideas of participatory activities see: Save the Children Norway (2008) A Kit of Tools for Participatory Research and Evaluation with Children, Young People and Adults: https://resourcecentre.savethechildren.net/sites/default/files/documents/kit-of-tools_1.pdf

Sexual orientation, gender identity and expression, and sex characteristics

This tool includes questions relating to Sexual orientation, gender identity and expression, and sex characteristics (SOGIESC). In many settings around the world, this is a highly sensitive subject.

*A decision to include these questions in your survey or interviews should be made involving relevant protection and management staff. *

- **Visibility to those who are, or identify as, LGBTI.** Many agencies do not dare to speak about issues faced by those who are, or identify as being, of diverse SOGIESC. This means that those who are, or identify as, LGBTI:
 - May not feel supported;
 - May not know where they can go for support;
 - May not have their rights represented, and
 - May not be the subject of advocacy by humanitarian actors.

Only by starting to seek understanding and talking about issues facing individuals who are, or identify as being, of diverse SOGIESC, will humanitarian actors be able to identify and respond to their needs.

- **Staff and organisational capacity.** The staff and organisation need to appropriately and sensitively discuss the subject. Any interactions staff have with those who are, or identify as, LGBTI should be appropriate, thoughtful, and sensitive to the needs of individuals who are, or identify as, LGBTI. Any bias or negative response can be very harmful. Staff need thorough training to address unconscious bias. They also need to be aware of the organisation's approach to working on the subject of diverse SOGIESC. It may be best to exclude these questions if your organisation does not have the capacity to respond to the needs of children who are or identify as LGBTI.
- **Risks.** If there may be any risks for staff and respondents if it becomes known that subjects relating to SOGIESC were discussed.
- **Legal frameworks.** If there are laws that prohibit or discriminate against those who are, or identify as, LGBTI.
- **Cultural norms.** Will it offend respondents if the subject of SOGIESC is raised during the research process? Could this impact respondents' other responses? Could this impact respondents' relationship with the organisation/agency you represent?

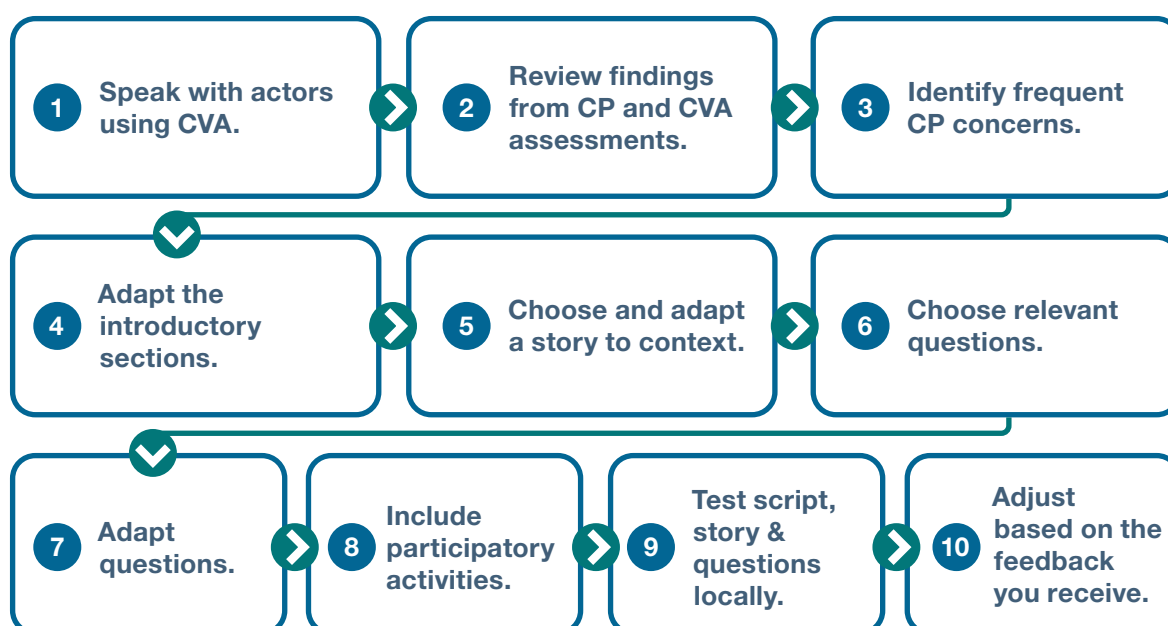
How do you contextualise this tool?

The FGD/interview tool is presented in sections so that it can be easily edited and adapted to the local context.

- It contains a sample of questions to choose from. Not all the questions in this tool are intended for use in every setting.
- To avoid duplication, review existing MEAL tools used by your staff and by partner agencies. Then, select the questions that fill gaps relating to the data collected by other tools currently used in your location.
- The tool should be adapted through coordination between cash actors, child protection actors, and MEAL colleagues, as described in the steps below. For example, in the step where you need to choose relevant questions, you need to compare the tool with other MEAL data collection processes. You will therefore have to contact your colleagues for them to share the tools they are currently using.

The key steps to adapting the tool are summarised in the diagram below.

Steps to be taken to adapt the discussion tool to context



1) Speak to actors across all sectors who are using CVA in your location. Ask them to:

- Share data from any needs assessments they have carried out. Particularly, any information they have gathered on:
 - i. Risks related to various modalities or delivery mechanisms to be used in the context, and,
 - ii. Children and their families.
- Share the data collection tools they are using.
- Review the FGD discussion guide.
- Support in selecting questions for use in your setting.
- Explain how they plan to design their CVA – e.g. modalities, delivery mechanisms, targeting criteria, Minimum Expenditure Basket, transfer amounts, frequencies, and duration.

2) Review findings from CP and CVA assessments.

- Collaborate with colleagues to collate existing reports and data on child protection issues arising in your location. Review information on (a) long-term patterns of harm to and protection of children; (b) data relating to CP concerns facing populations who may have recently moved into the area, and (c) new risks or protection strategies resulting from any current crisis.
- Review reports and programme plans from other sectors with CVA components. Look for data and information on (a) household income levels and level of needs; (b) children's situation before implementing CVA; (c) results of risk assessments carried out; (d) whether risk assessment tools include questions relating to specific risks for children; and (e) whether certain modalities or delivery mechanisms are more or less risky in this context, etc.
- Identify the knowledge gaps and understanding of child protection risks and benefits as they link to CVA.

3) Identify frequent child protection concerns.

With a team of staff discuss the trends in CP risks raised in the data you have collated. Ask yourself:

- What incidents are most common? Identify the top 2 – 3 most commonly reported forms of CP risks.
- What CP risks have been exacerbated by the current crisis?
- Which children are most at risk? Which children are most often left out of CP programme interventions? Are they girls, boys, non-binary children; or those of diverse SOGIESC? Are they children of a certain age or with disabilities? Do they come from a specific ethnic, religious, social, economic, or political background? Are they discriminated against due to their displacement status or nationality status or another aspect of diversity?

4) Adapt the introductory sections. (Sections I, II, III)

Section I: Introduction

Text in *red italics* must be adjusted with the names of the agencies you are representing.

There should be a discussion about the organisational policy and what approach will be taken concerning the best interests of the child and mandatory reporting in your location.

Section II: Discussing child protection

Explaining the definition of child protection is critical for the discussion, and thus the consent process. In some settings, it may help to explain that maltreatment of or harm to children is illegal and/or say it is a violation of international rights. In other settings this may create excessive fear of speaking about risks to children. Consider carefully what to do in your context to make the subject clear whilst allowing open discussion.

In consultation with local staff, data collectors, and representatives of the communities and subgroups you will be working with, agree on:

- How to best describe child protection in the languages used in the context.
- How to clarify that these concerns are a rights violation, a form of abuse, and should not be tolerated.
- If you are aware of certain child protection concerns that are illegal in the context (for example, child marriage; female genital mutilation/cutting; child labour; sexual violence; corporal punishment; etc.), this may also help support the case for identifying, mitigating, and responding to child protection risks.

Section III: Obtain consent

None of the elements for seeking consent can be cut irrespective of the context. All eight elements of the suggested script should be retained in all settings. However, ways to modify for the context include:

- Adapting the words used to describe the elements.
- Elaborating or explaining the discussion's purpose in ways that makes it more contextual.
- Tailoring the discussion outcomes.
- Explaining the concept of confidentiality in ways that are more easily understood.
- Including any organisational-, local-, and/or national-level mandatory reporting requirements.
- Taking into account past experience with community expectations – whether for increased funding, setting up new programmes, or new agencies starting to operate in the area. Address these expectations directly stating what this research aims to achieve and what it cannot do.

5) Choose a story and adapt it to your context. (Section IV: Stories)

- A range of stories is given to represent various child protection concerns. Before starting the discussion, select which story you will use. Choose only one story per focus group discussion.
 - Select a story that most directly addresses the most common risks in your location, as identified in Step 3 above.
 - You may write your own story based on your location. Do not create a story based entirely on a real child's life as it may be possible for a discussion participant to figure out which child and family it refers to.
 - You may wish to use a different story with different groups of respondents. For example, using a story about a boy in a discussion group with men, or a story about a girl in a discussion group with women.
 - Select the story most suited to your context and the characteristics of the group you will be facilitating.
 - If unsure of which story to choose, work with someone from the location to see which story sounds like something that will commonly happen.
- Do not worry that a story will limit discussions to only one child protection risk while other risks exist. You can use the discussion questions to discuss other child protection risks, not only the one described in the story.
- The selected story should then be adapted to be locally relevant, making it sound like a real family and situation in your location. To adjust the selected story to your context you should:
 - Insert a locally common child's name where there is a letter in **bold green text**.
 - Edit the script where there is **red text**. You may need to insert, for example, the name of a town, an organisation, or an armed force or group.
 - Change terms to make them more understandable to participants. For example, the term "service provider" may not be clear for many people. You may choose to use, for example, the term non-governmental organisation instead. The words "cash and voucher assistance" are also very technical; choose a description that people will understand.
 - Rather than naming a particular organisation during the case studies, consider using a generic term (such as "NGO," "service provider," "organisation," "group," etc.), to make respondents feel more comfortable about sharing their thoughts and preventing them from worrying about their being an impact on eligibility for assistance.
 - Adjust the ages of people discussed in stories so that they are appropriate to the location. For example, calculate the age at which girls and women would have had children based on their own age and those of the children in the story. Make sure that where a character would have been, for example, 13 years old when she had a child (as she is now 16 and a mother of a 3-year-old) that this is realistic in the context.
 - You may want to change the gender or other characteristics of a child when you know that certain groups of children are especially affected by a specific child protection concern in your setting. You may also need to adjust references to the length of time since something happened based on the timeline of the humanitarian crisis in your setting.
 - You can insert a sentence with additional details about the crisis – for example, naming the actors in a conflict; the disease in a health epidemic; or the type of natural disaster (e.g. earthquake, flood, cyclone, drought, etc.) that has disrupted people's lives.
 - Integrate locally relevant aspects of diversity into the stories. For example, identify individuals as stateless; belonging to specific indigenous, minority, or marginalised groups who are especially at risk; etc. The characteristics should reflect the findings of your child protection assessments and any information you have about who is most at-risk.

6) Choose relevant questions.

- Compare the list of questions below with other data collection tools being used by staff and partners in your location. (Tools gathered through Step 1 above).
- Engage other actors working on CVA and M&E in your location. Ask them which questions are not yet asked in other M&E activities.
- **Select from the menu of questions; only use a maximum of 8-12 questions in your FGD.** The questions you choose should:
 - Fill gaps – they should be questions that are not being asked with other data collection tools. This will reduce the number of questions you use and avoid duplication and assessment fatigue among affected communities.
 - Be relevant to the context.
 - Fit with the selected story.
 - Link any identified CP risks, CP outcomes, and mitigation strategies firmly to CVA – other MEAL activities may not be looking at the intersection between CVA and child protection.

7) Adapt chosen questions to your context and based on the story you have chosen. (Section IV: Sample of discussion or interview questions)

- Presented here is a sample of discussion or interview questions.
- You should select your desired questions from this list of sample questions. You should **NOT** use all the sample questions each time you run a group discussion. You may add questions that are important for your setting.
 - Select approximately 8-12 questions to use based on gaps in existing assessment methodology and tools and the time you feel it will take to cover those questions in your setting. This will vary depending on the socio-cultural norms of the individual or group of respondents.
 - Choose questions that relate to your programme actions and staff capacity. For example, do not ask questions on diverse Sexual orientation, gender identity and expression, and sex characteristics if you do not have staff with the right skills to discuss this subject, and do not have interventions that will appropriately respond to the needs of children of diverse SOGIESC.

Priority questions

During the emergency phase and/or in a rapid-onset emergency, you may wish to prioritise questions for an initial discussion and conduct follow-up consultations with a comprehensive list of questions later on, if feasible. In this case, the most important questions to cover are 1, 8, 15, 18 (but ask about risks both inside and outside the house), 20, 30, 32. Ask these without the optional prompts.

- Some of the questions help identify possible child protection benefits (**BEN**). Some relate to Protection from Sexual Exploitation and Abuse (**PSEA**) or child safeguarding (**CSG**). Some questions will identify family- and community- level-negative coping strategies that may be reinforced by CVA (**NEG**). Other questions may generate ideas for mitigating risks (**MIT**). The abbreviations **BEN**, **PSEA/CSG**, **NEG**, or **MIT** are given after each question to indicate what category of question it falls into. This categorisation may help you select the question responses that are relevant to the themes of your analysis. These abbreviations are not to be read out to respondents.
- You should adapt the selected sample questions to your context.
 - Translate and simplify the language using locally relevant terms and by selecting questions that align with programme design in the location.

- o Certain terms are easily understood by humanitarian staff but not by the affected populations responding to the FGD questions. Avoid words such as “service provider,” “cash and voucher assistance,” and “child protection.” Instead, work with national and local staff and a sample of respondents from the affected population to find suitable words that can be easily understood. You will need to be clear on what vocabulary you are using to replace the more technical terms when you are analysing the data generated.
- o The “possible answers” listed under some questions may help you in framing the question in a way that is suitable for your context.
- Change text in **bold red italics** to the name of relevant agencies/organisations; place names; description/names of subgroups; or other context-specific information.
- Change text in **bold green** to the child’s name in the story selected for the activity.
- Adapt the questions based on programme design options. For example, the questions that cover CVA delivery mechanisms should include the list of mechanisms used in your location. This can be done in discussion with others who are already implementing CVA or based on the delivery mechanisms you have used when you have implemented CVA in the past.

8) Include participatory activities.

- If you would like to have the enumerators use participatory methods in the FGDs you can adapt the tool and include activities in the question and answer section of the guidance. Participatory methods described in the following tools can be very useful for making activities engaging for a range of stakeholders:
 - [*Participative Ranking Methodology: A Brief Guide: Version 1.1*](#), Alastair Ager, Lindsay Stark, and Alina Potts, 2010, Columbia University.
 - [*A Kit of Tools for Participatory Research and Evaluation with Children, Young People and Adults*](#), Save the Children Norway, 2008.

9) Test the story and questions locally.

- Test the tool with a sample of respondents from the affected population. Use the story and questions selected. You may not need to go through all the questions, though it is ideal.
- **You need to meet the conditions set out above and respond appropriately to safeguarding concerns when testing the tool and when running the full research process. If any safeguarding concerns are raised during the testing process, you must report as soon as possible and seek assistance for any survivors.**
- After you have carried out the test, ask the participants some questions to get their feedback on the process and the tool:
 - Was the story relevant to your context? Have you heard of situations like this?
 - How could we change the story to make it sound more realistic?
 - Did you understand why we used the story in the discussion? Was the link between the story and the questions clear?
 - Did you understand the questions?
 - Which questions or words were hard to understand?
 - How should we say these questions to make them clearer? Are there other words that would be easier to understand?
 - How was the pace of the session – too fast, too slow, just right?
 - How was the overall length of the session?
 - Etc.
- Get feedback on the tool from the enumerators too. Ask:
 - How easy did you find it to follow instructions on the tool?
 - Did you understand the questions?

- Did the answer options fit with the responses you received?
- Was the length too short, long, or just right?
- Etc.

10) Adjust based on the feedback you receive.

- Adjust the script, story, questions, and any participatory activities based on the feedback you receive.

Preparing for and managing the full data collection process

- Carry out the risk assessment of locations where research will take place.
- Select/recruit and train enumerators.
- Plan the logistics for data gathering: prepare the budget; book vehicles; invite participants; book rooms; buy refreshments; produce attendance lists; etc.
- Confirm child protection referral pathways for each location where research is taking place in case a child protection incident is disclosed.
- For further details on preparing for the data collection see, [“What are the conditions for using this tool?”](#)

How do you use the focus group discussion/interview script?

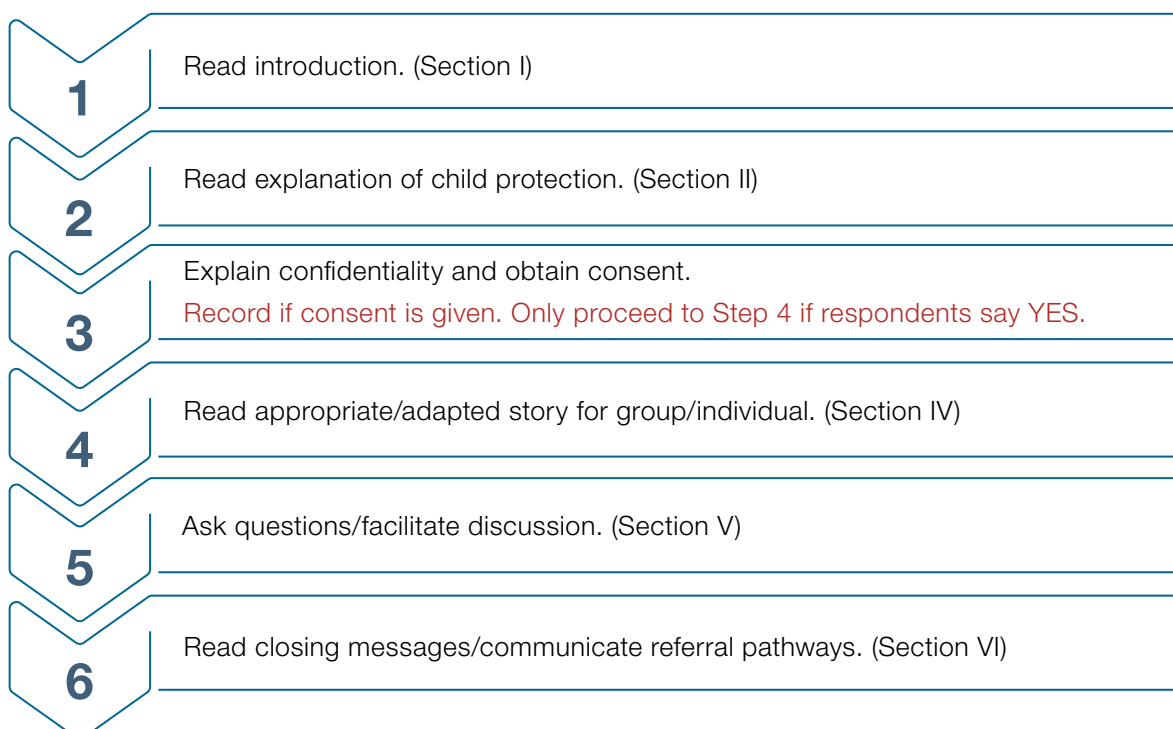
The following questions and script are suggested for use in focus group discussions or interviews.

The text is presented in sections. The sections must be read out and run through with respondents in numerical order, as presented below.

The introduction script for seeking consent from respondents and the closing comments must all always be read aloud by the enumerator, whether the discussion is carried out in a one-on-one interview or in a focus group.

There is a sample of questions to choose from. Facilitators can choose those that are most relevant to their work and context.

Steps for facilitating a discussion or interview



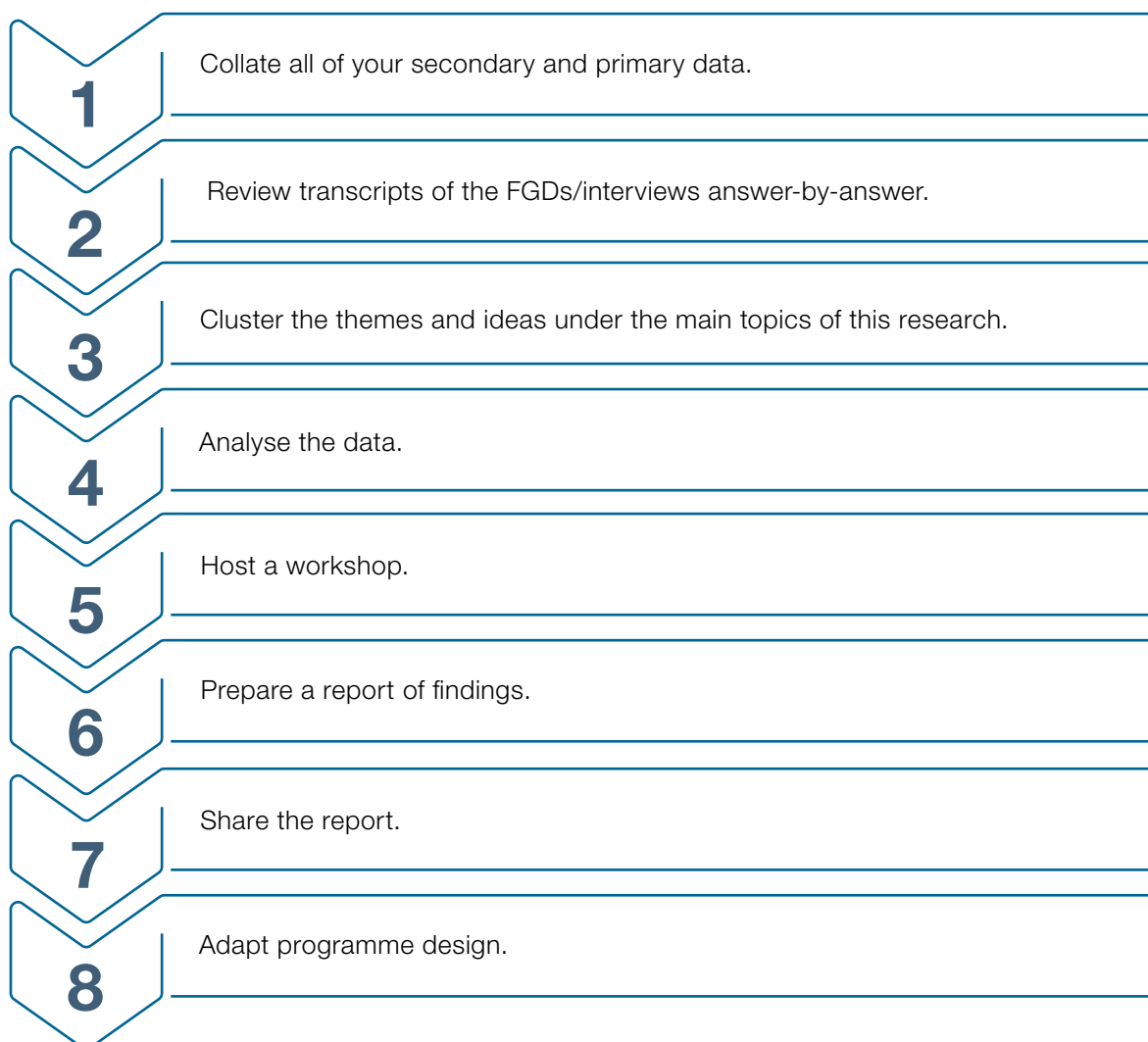
How to analyse the data, share findings, and adapt your programme design

Safeguarding concerns and life-threatening injuries or medical conditions observed or presented during the data collection process should be addressed as soon as possible.

- Actions taken should be based on the individual child's needs.
- In the case of safeguarding incidents:
 - Measures should be taken to prevent further safeguarding concerns or incidents from arising, and,
 - Reporting must take place in line with internal agency protocols and national legal frameworks.

Safeguarding concerns and life-threatening injuries or conditions should NOT wait for the data analysis stage to be acted upon.

Steps for analysis of your focus group discussion/interview data



- Where possible, start to analyse the data whilst data collection is still happening. This enables you to feedback findings to enumerators as they collect data. It also enables you to identify and respond urgently to any protection issues that arise.

Step 1: Collate all your secondary and primary data.

- Aggregate your primary data to enable the identification of trends and patterns.
- Organise the transcripts of the different FGD/interviews so that you have all the responses to question one together, all answers to questions one together, etc.
- Where you have quantitative data – some form of straight-forward statistical analysis may be possible. This will most likely be descriptive statistics. This will summarise the overall data and may be presented as figures or in visual form.

Step 2: Review transcripts of the FGDs or interviews answer-by-answer.

- Note the main themes discussed under each of the questions. Identify emerging commonalities.
- Identify any common themes or ideas that come up in responses to different questions.
- Identify quotes that clearly summarise the ideas and themes that have been presented in the FGDs/interviews.
- Disaggregate data along the lines of gender, age, disability, geography, and other vulnerability factors, wherever possible. Select the disaggregation criteria based on what makes children and families vulnerable in the setting. This will enable your programme design to address issues of diversity, and thus be more inclusive.

Step 3: Cluster the themes and ideas under the main topics of this research.

- The questions in the tool have been categorised. This categorisation will help you analyse the responses and write your report. Extract responses and cluster them under the main topics of this research.
- The main topics of this research are:
 - Child protection benefits **(BEN)**.
 - Child protection risks **(RIS)**.
 - Protection from Sexual Exploitation and Abuse **(PSEA)** and Child safeguarding **(CSG)**.
 - Family and community level-negative coping strategies **(NEG)**.
 - Ideas for mitigating risks **(MIT)**.

Step 4: Analyse your data.

- Use critical thinking and analysis of data presented in the transcripts to explain the “why” behind each of the themes and ideas.
- All data analysed should be “de-identified,” meaning that no names, addresses, or other information that could indicate the identity of individuals who participated in the discussion should be revealed.

Step 5: Host a workshop to present and discuss the data collated.

- Guided discussions should encourage the group to draw conclusions from the data. The workshop should involve individuals with:
 - Expertise in child protection, cash and voucher assistance, and monitoring and evaluation, and
 - Deep knowledge and understanding of both the context and the cultures of the population groups who were part of the data collection process.

- Take notes of the experts' interpretation of the data. Observations they make may:
 - o Detail challenges in the data collection process;
 - o Indicate gaps in the data;
 - o Seek to explain patterns in the data, and
 - o Identify what is most important and relevant in relation to future programming.

Step 6: Prepare a report of the findings.

- Your data analysis report headings may follow the topics of the research (mentioned in Step 3 above) and can include the following sections:
 - i. Data collection methodology;
 - ii. Positive child protection outcomes identified (the child protection benefits – **BEN**);
 - iii. Which CVA modalities and delivery mechanisms are best suited to achieve which CP outcomes;
 - iv. Risks of implementing CVA (Child protection risks (**RIS**), family and community level-negative coping strategies (**NEG**), issues relating to Protection from Sexual Exploitation and Abuse (**PSEA**), and Child safeguarding (**CSG**);
 - v. Which CVA modalities and delivery mechanisms present the greatest risks.
 - vi. Mitigation strategies identified, test, and what outcomes they produce (**MIT**).

Step 7: Share the report of the findings.

- Findings from analysis should be shared with all those implementing CVA and child protection programmes, in line with in-country data-protection protocols. Sharing findings will enable all sector actors to appropriately tailor and adjust their CVA protocols, processes, and programming practice to maximise the well-being and safety of CVA recipients.
- Findings can be shared as a written report, executive summary, or as a presentation in a meeting. Ideally, share a summary, so it is easy to review. A summary of key findings is more accessible for a wider audience, especially in rapid-onset crisis settings.
- The information must be anonymised to maintain respondent confidentiality. The way you share findings must be in line with relevant in-country data protection and information sharing protocols.

Step 8: Adapt programme design.

- Ensure personnel responsible for programme design and implementation receive and understand the report.
- Agree on actions to take to address the issues identified in the report.
- Immediately act to address any risks identified – as they are identified.
- Follow-up to ensure action is taken to address any risks that may be presented by CVA.

For further details on analysing your findings and preparing a report please see “Tool 4: Guidance on how to analyse the data.” Available at: <https://resourcecentre.savethechildren.net/toolkit-monitoring-and-evaluating-cpcva>

Focus group discussion/interview script

Section I. Introduction

Read aloud the following text to introduce the subject of the discussion/interview.

- “Hello. I am **[insert name]** and I will be facilitating this **[focus group discussion/ interview]** with you today. My colleague **[insert name]** will be taking notes. My colleague **[insert name]** will be interpreting the discussion for us. My colleague **[insert name]** will be providing logistical and administrative support. We represent **[insert name of your agency]**. **[insert name of your agency]** is a humanitarian organization working in **[insert location]** to provide services to communities affected by crisis.”
- “Today we are here on behalf of **[insert name of your agency]** to do research to improve our programmes. We want you to help us to understand how cash and voucher assistance can be as safe as possible for children.”

Reason for group discussion:

- “I would like to ask you some questions about the risks and benefits for all children that may come from giving cash and voucher assistance to individuals, families, and children in this context. The questions focus on the safety and protection of children (all those who are under 18-years-old) related to the cash and voucher assistance and will help **[name of agency or agencies]** improve the programme and children's safety.”

Intended outcomes of interview:

- “The information you give us will not lead to more assistance for a greater number of people. Your answers will not affect or change the level or frequency of cash and voucher assistance you or anyone else gets in the future. We will be using this information to make sure the WAY we give cash and voucher assistance is as safe as possible.”

Rights of respondent:

- “If you do not understand a question, please ask me to explain it. You can skip any and/or all questions or choose to end the discussion at any time.”

Best interests and mandatory reporting:

- “If you tell me that you know a child who has been harmed, and continues to be at risk, I will have to tell **[relevant service provider and/or protection authority]** so we can get help for the child, and so we can find ways to prevent that child or other children from being harmed again.”

Referral:

- “We can help you or a child access support if you tells us about an incident of harm. Ideally, we would prefer that you come to tell us privately so that the confidentiality of the incident is maintained.”

Option for clarification:

- “Do you have any questions or concerns you want to discuss with me before we begin?”
“If you have any concerns that you want to share after this interview, or if there are any issues with the way we carry out this interview, you may contact the following person:

Name

Telephone number

E-mail address”

Section II. Explanation of child protection

Present the following explanation of child protection to the participants:

Child protection is the prevention of and response to abuse, neglect, exploitation, and violence against children.⁵³

Child protection risks are any form of harm to children – intentional or unintentional.

Child protection risks include forms of abuse, neglect, exploitation, or violence.

- They can involve sexual, physical, or emotional maltreatment.
- The harm can be visible or go unseen.
- Family, friends, teachers, nurses, religious leaders, community members, humanitarian workers, other children, other known individuals, or strangers can cause this maltreatment or harm.
- Child protection concerns include:
 - o Dangers and injuries;
 - o Physical and emotional maltreatment;
 - o Sexual and gender-based violence;
 - o Mental health issues and psychosocial distress;
 - o Association of children with armed forces or groups;
 - o Child labour, and
 - o Children who are unaccompanied or separated.

Children are defined as any person under the age of 18. The child may:

- Be a girl, boy, or have a diverse sexual orientation, gender identity and expression and/or sex characteristics;
- Be living with a chronic illness or disability;
- Belong to a minority or indigenous group;
- Be an asylum seeker, refugee, migrant, displaced, stateless, or a national of the country;
- Be an infant, child, or adolescent any age from 0 to 17;
- Be living with biological family, in foster care, in residential care, or be unaccompanied or separated;
- Come from any socio, economic, political, or religious background, and
- Demonstrate other personal level characteristics or a combination of the above.

For focus group discussion only:

- This focus group discussion should take about one hour.

For Interview only:

- This interview should take about 30 minutes.

For all – interviews and FGDs:

- I will read a fictional story about something that may happen to a child or group of children in a community like yours. Then, I will ask you questions about what could happen, which I would like you to discuss.
- The characters in the story are not real. They are not members of your community. They are examples for discussion. You may know of or have experienced similar situations yourself, as the stories are meant to be realistic.
- You do not have to answer any question you do not want to.
- You do not have to talk when you do not want to.

⁵³ Glossary: Minimum Standards for Child Protection in Humanitarian Action, 2019 Edition, The Alliance for Child Protection in Humanitarian Action, 2019, https://alliancecpha.org/en/CPMS_Glossary.

- If you feel uncomfortable at any time, you are free to leave this discussion.
- If what we discuss upsets you, or makes you think of a child who needs help in a similar situation, we have a staff member available to help. You may contact them directly on **[insert name and phone number]**, or you can ask us to contact them for you to arrange a time and location to talk further.

Section III: Confidentiality and consent

For focus group discussion only:

- All of you are equally important in this discussion, and all of your views are equally valued.
- We would like to encourage everyone to share their views if they feel comfortable to do so. This means we would like to ask you all to listen to each other and be respectful when someone is talking. If you disagree with someone's answers or thoughts, please be kind and respectful.
- Do you all agree that everyone is important and all voices are equal here?

Record agreement to respectfully talk and listen to other participants in the group:

Yes	
No	

- Do all of you agree to keep others' participation and answers confidential?

Record agreement to the discussion being kept confidential.

Yes	
No	

- ➔ Ask anyone who does not consent to maintain confidentiality to leave. Thank them for their time.
- ➔ Continue the discussion with those who agree to confidentiality.

For all – interviews and FGDs:

- We will take notes, but we will not write down any names.
- Your participation and comments are confidential. That means that I may share details about what you have told me so we can improve our work, but I will not tell anyone who told me these things. As I am interviewing many people, no one should be able to figure out who told me these facts.
- It is important that you feel safe and free to talk.
- You are free to leave now if you do not wish to participate in this interview/discussion.
- Please paraphrase what we have just discussed to confirm you have heard and understood the reason for the interview and your rights to confidentiality.

Allow time for respondents to paraphrase.

- Can you take part in this discussion/interview?

Record consent to participation (List the number of respondents who consent to recording):

Yes	
No	

If yes, continue with the discussion when the focus group participants/interviewees agree.

If no:

- (1) Note why consent was not secured if respondents voluntarily share their reasons for withholding consent:
- (2) Allow those who do not consent to participate to leave, and thank them for their time.

Then say, "Thank you for your time. Good-bye. If you decide at a later time you would like to take part in this process, please feel free to contact us."

If yes:

"I would like to write notes/record this discussion in order to reference what we discussed later. I will not include your name with these notes. Is this ok with you?"

- Are you ok for us to write notes and keep a record of the discussion?

Record consent to record-keeping:

	To keeping a written record	To recording the interview
Yes		
No		

If no:

If they say "no" to keeping a written record and recording the interview, say:

"Thank you for your time. Good-bye. If you decide at a later time you would like to take part in this process, please feel free to contact us."

- ➔ Allow those who do not consent to a written or audio recording of the discussion to leave. Thank them for their time.

If yes:

- ➔ Continue the discussion with those who do agree to have the discussion recorded. If all agree to a written record but not all agree to an audio recording, you can decide to go ahead with all participants, just keeping written notes.
- ➔ Only start recording after consent has been secured and after people have shared any names or aliases. Do not capture the names of participants in any recordings.



Section IV: Menu of stories

The Story Summary Table, below, gives a summary of each of the 20 stories to help you navigate the options more quickly.

Select **only one** of the following stories to read aloud to the group or interviewee. Tailor the story to your context by changing the red and green text.

Story Summary Table
<u>Story 1: Child-headed household.</u> <ul style="list-style-type: none">• Adolescent girl.• Child head of household.• Unaccompanied minor.• Child labour.
<u>Story 2: Child mother with disabilities.</u> <ul style="list-style-type: none">• Adolescent girl.• Child with disabilities.• Child marriage.• Child mother.
<u>Story 3: Girl caregiver of older person.</u> <ul style="list-style-type: none">• Adolescent girl.• Child carer.• Older persons living with minors.
<u>Story 4: Adolescent girl pulled out of school.</u> <ul style="list-style-type: none">• Adolescent girl.• Out of school.• Child labour.• Prevention of child marriage.
<u>Story 5: Adolescent girl, married.</u> <ul style="list-style-type: none">• Adolescent girl.• Child marriage.• Child mother.
<u>Story 6: Unaccompanied boy with his sister.</u> <ul style="list-style-type: none">• Adolescent boy.• Unaccompanied minor.• Child head of household.• Child labour.
<u>Story 7: Child marriage.</u> <ul style="list-style-type: none">• Adolescent girl.• Out of school.• Child marriage.
<u>Story 8: Adolescent boy.</u> <ul style="list-style-type: none">• Adolescent boy.• Out of school.• Child labour.

Story 9: Individual engaged in sexual exploitation.

- Widow-headed household.
- Sexual exploitation.
- Child neglect.

Story 10: Boy who identifies himself as gay.

- Adolescent boy.
- Self-identifies as gay.

Story 11: Girl who is intersex.

- Adolescent girl who is intersex.
- Out of school.
- Healthcare needs.

Story 12: School fees to pay.

- Child separation.
- School dropout.

Story 13: “Borrowing” children.

- Female-headed household.

Story 14: Boy who is unaccompanied.

- Adolescent boy.
- Unaccompanied minor.
- Child sexual exploitation.

Story 15: Child neglect based on disability.

- Boy.
- Child with disabilities.
- Neglect.

Story 16: Child neglect based on gender.

- Girl.
- School dropout.
- Neglect.

Story 17: Child distress.

- Boy.
- Loss of mother.
- Distress.

Story 18: Child associated with armed group.

- Adolescent boy.
- Children associated with armed forces and groups.
- Injury.

Story 19: Child in foster care.

- Adolescent girl.
- Separated child.
- School dropout.
- Child labour.

Story 20: Domestic violence.

- Adolescent boy.
- Unaccompanied child.
- Domestic violence.

Story 1: Child-headed household

- Summary:
- Adolescent girl.
 - Child head of household.
 - Unaccompanied minor.
 - Child labour.

V. is a 17-year-old girl and the oldest of six siblings (she has two brothers and three sisters). Together, V and her siblings left *[insert name of the country or place where people are coming from]* several months ago, and travelled to *[insert name of the place where you are now/or a community hosting many displaced people]*. Before, back home, they were financially comfortable. V's family had a small shop where their father and mother both worked.

Their mother and father died during the *[name the crisis]*. So V. and her siblings left with people from their village. On arrival in *[insert name of the place where you are now/or a community hosting many displaced people]*, V. and her brothers and sisters started to live with a family from their village back home.

V. has found work helping a wealthy family in the host community. She cleans and cooks for them and looks after their children. V. often comes home late at night. The money she earns does not cover all of V. and her siblings' needs. Here in *[put the name of the location where you are now]* V. and her siblings have had to rely on handouts from others. They get support from the family they are staying with. They have also asked for money and food from their parents' old friends. Over time, it has started to feel like the family they are staying with, and their parents' old friends, are becoming frustrated with V. and her siblings. Everyone is struggling to have enough food and to make a stable life for themselves.

A service provider has selected V. to be a cash/voucher recipient.

Story 2: Child mother with disabilities

- Summary:
- Adolescent girl.
 - Child with disabilities.
 - Child marriage.
 - Child mother.

D. is a 16-year-old girl. D. is deaf. Back home, she used to work with her husband on their farm. D., her husband, and their two-year-old son fled *[insert name of the country or place where people are coming from]* and came to *[insert name of the place where you are now/or a community hosting many displaced people]* six months ago. They no longer have land to farm. D. can't find any work because people don't want to take on people with disabilities. The community sees her as bad luck. D.'s husband sells goods in the market. D. works around the house: cleaning, cooking, and doing laundry. When she goes to fetch water, she feels nervous that strangers might approach her.

A service provider has selected D. to be a cash/voucher recipient.

Story 3: Girl caregiver of older person

- Summary:
- Girl.
 - Child carer.
 - Older persons living with minors.

R., 9-years-old, lives with her grandmother. Her parents passed away in the crisis *[insert name of the crisis]*. Her other brothers and sisters are all older than her. They had left home to marry or work before the crisis. R. does not know where they are now. Her grandmother is not well, and R. takes care of her full-time, as well as doing all of the cooking and cleaning in the shelter they have been given.

A service provider has selected R's grandmother to be a cash/voucher recipient.

Story 4: Adolescent girl pulled out of school

- Summary:
- Adolescent girl.
 - Out of school.
 - Child labour.
 - Prevention of child marriage.

J. is 14-years-old. She and her family are from *[insert name of the country or place where people are coming from]* and came to *[insert name of the place where you are now/ or a community hosting many displaced people]* six months ago. In *[insert name of the country or place where people are coming from]* **J.** used to go to school. **J's** parents are working hard selling vegetables in the market. She hopes that she can return to school soon. While her parents are out, **J.** takes care of her younger siblings, and cooks and cleans for her family. Both her mother and father praise her for contributing and often tell her she will make her future husband happy. Sometimes a neighbour watches **J's** siblings while she does housework for a wealthy family in town.

A service provider has selected **J's** family to receive cash/voucher assistance.

Story 5: Adolescent girl, married

- Summary:
- Adolescent girl.
 - Child marriage.
 - Child mother.

A. is 16-years-old. She and her husband's family are from *[insert name of the country or place where people are coming from]* and came to *[insert name of the place where you are now/ or a community hosting many displaced people]* six months ago. Since they moved to *[insert Y]*, **A's** husband, his father, and his brother haven't been able to find work. Every evening they come home frustrated. **A** is pregnant with her first child and helps her mother- and sister-in-law clean, cook and look after her husband's younger siblings. Her mother-in-law is bossy and is always telling **A** she must protect her reputation and be careful around strangers – she means the host community, as well as other *[insert refugees or displaced people]*. Mostly, **A** stays at home, occasionally going out to fetch water.

A service provider has selected **A's** family to receive cash/voucher assistance.

Story 6: Unaccompanied boy with his sister

- Summary:
- Adolescent boy.
 - Unaccompanied minor.
 - Child head of household.
 - Child labour.

N. is 17-years-old and travelled from *[insert name of the country or place where people are coming from]* to *[insert Y]* with his younger sister **D.**, age 15. They were separated from their mother along the way to *[insert name of the place where you are now/ or a community hosting many displaced people]*. Each day, they beg in the market or do manual labour to afford a bit of food. At night they stay with host or other *[insert asylum-seeking, refugee or displaced]* families who take them in. Sometimes they are all alone and feel afraid, being so exposed. One of their neighbours told them he knows a safe route to get to *[insert name of another location on the migration route]*, where they believe their mother is now, but it will cost more money than they have left.

A service provider has selected **N.** to be a cash/voucher recipient since he is the head of the household.

Story 7: Child marriage

- Summary:
- Adolescent girl.
 - Out of school.
 - Child marriage.

Z is the only daughter in a family of five children. **J.**, her mother, and **K.**, her father, have been struggling to make ends meet since the *[name the crisis]* three months ago. All the family's crops were ruined. There isn't much paid work for the father. Before the crisis, **Z** went to school, but now she has dropped out. The boys are all small (5, 6, 8, and 11). It costs a lot of money for them to go to school. **Z** is about to turn 14; she is healthy, kind, hardworking, and a good cook. It seems like the best option to help the family will be to start looking for a husband for her.

A service provider has selected **Z's** family to receive cash/voucher assistance.

Story 8: Adolescent boy

- Summary:
- Adolescent boy.
 - Out of school.
 - Child labour.

M. is 16-years-old. Earlier this year, **M** was in school and worked on his family's farm after school, on the weekends, and during holidays. Since the *[name the crisis]*, **M.** can no longer go to school because his family lost their livelihood, so they have no source of income. **M.** goes with his father every day to look for work. Sometimes **M.** works with his father doing construction, and other days they unload boxes when the local trader receives a shipment. Sometimes there is no work at all; they feel frustrated that they have been harassed at the checkpoints without even being able to provide for their basic needs.

A service provider has selected **M's** family to receive cash/voucher assistance.

Story 9: Individual engaged in sexual exploitation

- Summary:
- Widow-headed household.
 - Sexual exploitation.
 - Child neglect.

L. is a 19-year-old woman from *[insert name of the country or place where people are coming from]*. She left *[insert name of the country or place where people are coming from]* last year right after her husband died and she now lives in *[insert name of the place where you are now/or a community hosting many displaced people]*. She has two children, ages four and six. She wants her older child to stay in school and needs to afford medicine for her youngest child's health problems. **L.** sells vegetables in the market, but she doesn't earn enough to pay for food and medicine, so she has begun exchanging sex for money that enables her to access necessities. She does this a couple of times a week at night time when her children are sleeping.

A service provider has selected **L.** to be a cash/voucher recipient.

Story 10: Boy who identifies himself as gay

- Summary:
- Adolescent boy.
 - Self-identifies as gay.

S. is 16-years-old. He came alone from [*insert name of the country or place where people are coming from*] to a camp in [*insert name of the place where you are now/or a community hosting many displaced people*] one year ago. He has not had any contact with his family since his parents kicked him out of their home when they found out his sexual orientation (i.e. he is attracted to other men). He is constantly threatened with being beaten up or killed by other young men because they know or suspect he is gay. He lives in fear and avoids leaving his shelter. Nobody will hire him because they suspect he is gay and do not want to draw attention to themselves, so he has no way of earning money. He is struggling to pay for his basic needs and wants to move to the city. He hopes to have a better life.

A service provider has selected **S.** to be a cash/voucher recipient.

Story 11: Girl who is intersex

- Summary:
- Adolescent girl who is intersex.
 - Out of school.
 - Healthcare needs.

O. is 13-years-old. She and her parents know that she was born with ambiguous genitalia (intersex). **O.** was raised, and identifies as, a girl. Her parents cannot afford to send **O.** to school, so she works alongside her father every day to pay for food and rent. While **O.** was helping her father unload some boxes, she got a hernia. The doctors determined she needed surgery, but when they saw that her anatomy is not clearly female, they insisted that **O.** was a boy and that she needs 'corrective' surgery to make her male. **O.** and her parents did not agree to this, and the doctors refused to perform the hernia surgery. **O's** parents found another doctor who can perform the hernia repair, but they don't have enough money to pay for the treatment.

A service provider has selected **O's** family to be a cash/voucher recipient.

Story 12: School fees to pay

- Summary:
- Child separation.
 - School dropout.

G. and **S.** have three children: **K.**, who is 10, **Y.** who is 12, and **T.** who is 13-years-old. **G.** and **S.** have not found stable work since the crisis [*name the crisis*]. They want all of their children to keep going to school, as they did before. Sadly, there is no free schooling for the 13-year-old. Their financial situation is unstable. They have heard that in [*insert name of another town/city nearby with more services*] there is the possibility of free education for 13-year-old girls. **G.** has a second cousin in [*insert name of the other location*], so **G.** and **S.** decide to send **T.** there as soon as they hear of someone going in that direction.

A service provider has selected **O's** family to be a cash/voucher recipient.

Story 13: "Borrowing" children

- Summary:
- Female-headed household.

Z. is a widow due to the crisis. She has two children. She has heard that only large families are being prioritised for help from humanitarian actors. She contacts her cousin and says she would like to take her cousin's children into her home too, so she will have five children in total when humanitarian workers come to register the families' details. She thinks this will increase her chances of getting assistance. When they come to assess her situation, they see she is a widow raising five children alone.

The service provider does choose to add **Z's** name to the list as a cash/voucher recipient.

Story 14: Boy who is unaccompanied

- Summary:
- Adolescent boy.
 - Unaccompanied minor.
 - Child sexual exploitation.

P., 15, found life hard back home due to the crisis. He kept hearing stories about how things were better in *[insert name of a destination country that many unaccompanied boys are seeking to reach – e.g. Germany, France, UK, Sweden]*. He knew the journey was dangerous. He knew his parents would be too worried to let him go. He left anyway with his best friend L. When they were crossing the sea by boat, L. slipped into the water, and they did not find him again. Once on land in *[insert name of a transit country – e.g. Greece, Italy, etc.]*, P. had nowhere to stay, nothing to eat, and no work. A man offered him shelter if he would do sexual things for him. P. has been staying with him ever since. He then met other boys in a similar situation, and they told him to register with UNHCR, so he has.

A service provider has selected P to be a cash/voucher recipient.

Story 15: Child neglect based on disability

- Summary:
- Boy.
 - Child with disabilities.
 - Neglect.

K. is a 12-year-old boy with cerebral palsy. Back home in *[insert name of the country or place where people are coming from]*, K.'s house was in the back of the shop his parents owned. K. stayed at home all day, but he was never alone: his mother was able to watch him, talk and read to him, feed him while still serving customers in the shop. Now that the family is living in *[insert name of the place where you are now/or a community hosting many displaced people]* K.'s mother and father are both out all day working. His father is helping with reconstruction work as part of a cash-for-work programme. K.'s mother is selling snacks in the market. K. stays locked up in their assigned shelter all day whilst his brother and sisters are at school.

A service provider has selected K.'s family to be cash/voucher recipients.

Story 16: Child neglect based on gender

- Summary:
- Girl.
 - School dropout.
 - Neglect.

O. is a 10-year-old girl. Back home in *[insert name of the country or place where people are coming from]*, O. did not go to school because her family didn't have enough money to pay for school uniforms for her and her two brothers. O.'s father decided her brothers' schooling was more important. Since the family fled *[insert name of the country or place where people are coming from]* and arrived in *[insert name of the place where you are now/or a community hosting many displaced people]*, O. found out that other girls like her, who left school when they were young, are being given a chance to learn to read and write here in *[insert name of the place where you are now or a community hosting many displaced people]*. O. asks her father if he will reconsider and allow her to go to school. Her father says "no," he needs her to take care of the house whilst her mother goes out to work. And besides, O. will get married, have children of her own, and will not need know how to read and write.

A service provider has selected O's family to be cash/voucher recipients.

Story 17: Child distress

- Summary:
- Boy.
 - Loss of mother.
 - Distress.

L. is a 7-year-old boy. During the crisis, he fled [*insert name of the country or place where people are coming from*] with his family. Sadly, his mother was injured and unable to find medical treatment whilst they were en route; she passed away. Since his mother's death, **L.** has not spoken a word. He was with his mother when his mother got hurt, so he saw the injury happen, and watched his mother struggle, getting weaker and weaker. His father and sisters are trying to take care of him, but they are unable to get **L.** to communicate or participate in everyday life again.

A service provider has selected **L's** family to be cash/voucher recipients.

Story 18: Child associated with armed group

- Summary:
- Adolescent boy.
 - Children associated with armed forces and groups.
 - Injury.

S., 15, got involved in the fighting when the [*insert name of armed group*] came to his town. He left when he was 13 and spent two years away from the town. He recently got injured and can no longer fight. He has come back to [*insert name of a town*] to be with his family.

A service provider has selected **S's** family to be cash/voucher recipients.

Story 19: Child in foster care

- Summary:
- Adolescent girl.
 - Separated child.
 - School dropout.
 - Child labour.

N. is 14-years-old. Her father went away to fight soon after the conflict started two years ago. A few months ago, her mother died. Her older sister **K.** went to live with her grandmother to care for her. **N.'s** two brothers also went to fight. As the youngest, she moved in with her aunt, who lives in the same village. Since moving, she has not been allowed to go to school. Her aunt tells her she has to help take care of her cousins, cook, and clean, to make up for her care's cost.

A service provider has selected **N's aunt** to be cash/voucher recipients.

Story 20: Domestic violence

- Summary:
- Adolescent boy.
 - Unaccompanied child.
 - Domestic violence.

J. is 14-years-old. He used to live with his mother, father, and two sisters. His father has a violent temper, especially when he drank alcohol. His father had been drinking more and more, and his temper had become worse ever since [*insert name of crisis*]. He would hit **J.**, his mother, and his sisters for small mistakes they made. When his father was out looking for work, **J.** begged his mother to leave his father so they could start a happier life without him. But his mother was scared to leave. One night, **J.'s** father saw **J.** talking and laughing with friends outside their house. When he came into the house for dinner, his father started beating him and shouting at him, accusing him of being lazy and not helping the family. During the night, **J.** packed a bag of clothes, left the house, and ran away to a friend's house in a neighbouring village. **J.** is now staying with his friend's family.

A service provider has selected **J's** friend's family to be cash/voucher recipients.

Section V: Sample of discussion or interview questions

Instructions for using the sample of discussion or interview questions

The facilitator:



- Having selected 8 – 12 questions from the list below, ask the participants/interviewee each of the selected questions, one-by-one, for the story shared.
- Instructions for the facilitator are written in *italics*. These should not be read aloud, but should be followed by the facilitator.
- **Questions** are indicated with the letter “Q,” printed in **bold**, and are in a blue-shaded box.
- *Optional prompts*, written in italics, are listed in the box below the questions. These may help to get further details if the respondents are not talking much when you ask questions.
- Use the *optional prompts* as needed to build discussion and debate. Do not push for personal disclosure of specific child protection issues faced by participants, their children, or children they know.
- *Possible answers* are also included for some of the questions. These are written in *italics*. These should **NOT** be read out loud. They may help you to contextualise the question and find an alternative formulation.
- Give respondents enough time to think about and answer each question. It is ok if there are silences, especially at the beginning of an FGD session or interview. People may take a little time to gain the confidence to speak. Participants may also prefer to hear the views of others before they start expressing their own opinions.
- Encourage all FGD participants to contribute. Try to allow time and encourage everyone to talk, without singling people out or making individuals feel pressured to respond to a specific question.

Note-taker:


- Once you have selected the questions that you will ask, you can make a response grid for your notes by adding a column to the right of the table below.
- Write legibly, so you can easily read your or other note-takers' writing after the session.
- Try to capture the participants' words as they have said them (even if it is slang). The organisation can analyse and discuss the intent of what was said later.
- Wherever possible, try to note direct quotes – these can be used in reports and advocacy afterwards – when respondents consent.
- Ensure that all the information you note is de-identified – meaning, that there is no way of tracing certain comments back to the person who shared the thoughts.
- Keep all notes in a safe place.

Example response grid:	
Example response grid:	Example response grid:
1. Do you agree that this child and the people they live with should receive cash and voucher assistance?	
a. If yes, why do you think they should be receive cash and/or voucher assistance? b. If no, why don't you think they should be receive cash and/or voucher assistance?	
1. How would the money/voucher be used?	
a. How would X's family use the cash and voucher assistance? b. Where would X's family spend their cash and voucher assistance? c. d. e.	
3. ...	
a...	

Sample of focus group discussion (FGD) or interview questions


Sample of focus group discussion or interview questions	
Q1	Do you agree that this child and the people they live with should receive cash and voucher assistance?
	<p><i>Optional prompts:</i></p> <p>a. If yes, why do you think they should receive cash and/or voucher assistance?</p> <p>b. If no, why don't you think they should receive cash and/or voucher assistance?</p>
Q2	How would the cash and voucher assistance be used? (NEG, BEN)
	<p><i>Optional prompts:</i></p> <p>a. How would X's family use the cash and voucher assistance? What would they buy? Would they buy things for X? What things does X need that they could buy with the cash and voucher assistance? What things would X need that they would not buy?</p> <p>b. Who would make decisions about how the cash and voucher assistance was spent in X's family?</p> <p>c. Would the person making decisions about spending the money make sure X's needs were met?</p> <p>d. Would X be able to use some of the cash and voucher assistance as they wished? If not, why not?</p> <p>e. Would decisions about expenses in X's household change if X receives cash and voucher assistance from the financial service provider (as opposed to someone else in the home receiving CVA)? If yes, why? If no, why?</p>

Q3 What factors could prevent the cash and voucher assistance from being spent on meeting X's needs? (CSG, NEG)

 *Optional prompts:*


- Could there be discrimination in the family?
- Would the person making decisions about spending not prioritise the needs of X?

Q4 What characteristics of the child and their family could prevent them from receiving the cash and voucher assistance? (NEG)


 *Optional prompts:*

- Would they be prevented from accessing the cash and voucher assistance due to lack of identification, limited access to (and knowledge of) technology, time spent working, mobility challenges, CVA is not safe/accessible because of their gender/age/status/other personal characteristics, etc.


Q5. Would it be best/preferable/safer for the financial service provider to give the transfer in X's name, or the name of another person in the household because of household dynamics? (CSG, NEG, MIT)

 *Optional prompts:*


- If it were ok to give the cash and voucher assistance to X, why would it be ok?
- If in someone else's name, why would this be safer?


 *Possible answers:*
Because of X's gender, X's age, or because of the context.#

Q6. Where would X's family spend their cash and voucher assistance? (CSG, NEG)


 *Optional prompts:*

- Does X have safe access to the market(s)?
- If no, why not?


 *Possible answers:*
Because of X's gender, X's age, or because of the context.

 *Optional prompts:*

- Does X's family have safe access to the market(s)?
- If no, why not?

 *Possible answers:*
The family demonstrates certain characteristics that render them vulnerable, such as their nationality, ethnicity, etc.

Q7. What good things could happen to X INSIDE their house if the family received money from a financial service provider? (BEN)

 *Optional prompts:*

- Would the impact be different if X received the cash and voucher assistance?
- If yes, what good things would happen if X received the cash and voucher assistance directly?

Q8. What bad things could happen to X INSIDE their house if they received cash and voucher assistance from a financial service provider? (CSG, NEG)

 Optional prompts:

- Could the cash and voucher assistance cause conflict/tension between X and other people in the household if they received cash and voucher assistance directly from a financial service provider?*
- If yes, with whom, and why?*
- Would specific people try to harm him/her?*

 Possible answers:

There are people in the home who make them unsafe (e.g. spouse, parents, etc.). There would be physical violence, sexual violence, verbal violence, psychological violence, and/or economic violence.

Q9 What ideas do you have for how X could feel safer inside their house if they receive cash and voucher assistance from a financial service provider? (MIT)

 Optional prompts:

- What can X do? What can other family members do?*

 Possible answers:

Deciding as a household how the cash and voucher assistance should be spent. Spending the cash and voucher assistance to meet the needs of all household members. Participating in peer networks. Accessing protection services.

Q10 What could the financial service provider do (or not do) to help eliminate the tensions and reduce the risks for subgroup at home? (MIT)

 Possible answers:

Conducting training on child protection prevention and response. Asking households who should be targeted as the recipients. Ensuring the confidentiality of cash and voucher recipients. Counselling households on decision-making. Monitoring recipients' safety.

Q11 How would receiving cash and voucher assistance change X and their other family members' behaviour and/or decisions inside the house? (NEG, BEN)

 Optional prompts:

- Would these choices be different for different children in the home? Based on age, gender, disability, and/or other aspects of diversity?*

 Possible answers:

Behaviour and/or decisions relating to child well-being would change. It would change how children spend their time. It would change behaviour and/or decisions about spending on children's health, education, food consumption, engagement in livelihood activities.

Q12. Would receiving cash and voucher assistance help X protect himself/herself from the risks they face inside the house? (BEN, MIT)

 Optional prompts:

- If yes, how?*
- If not, why?*

Reference the risks that the participants listed in response to question 8.

Q13. Would the cash and voucher assistance change how people in the community treat X and their family? (CSG, NEG, BEN)

 Optional prompts:

- How – better or worse?*
- Why would it change how people treat X?*

Q14. What good things could happen to X outside of their house if X or X's family received CVA from a financial service provider? (BEN)

 Optional prompts:

- a. What good things would happen to X outside of their house if they received cash and voucher assistance directly themselves?

Q15. What bad things could happen to X outside of their house if they or their family received cash and voucher assistance from a financial service provider? (CSG, NEG)

 Optional prompts:

- a. Would there be any conflict or tension between X and other people in the community if X becomes a beneficiary? Or if X's family become beneficiaries because of X's situation?
- b. If yes, with whom, and why? Who in their community could make them feel unsafe?

 Possible answers:

Neighbours, landlords, fellow refugees/IDPs, host community members, public officials, teachers, etc.

- c. What would happen if other people found out X was a beneficiary?

 Possible answers:

There would be physical violence, sexual violence, verbal violence, psychological violence, and/or economic violence.

Q16. What strategies/approaches could X use to feel safer outside his/her house if he/she receives cash and voucher assistance from a financial service provider? (MIT)

 Possible answers:


Not sharing beneficiary status. Not sharing the amount of the transfer. Collecting and using the cash and voucher assistance at specific times of day/on specific days. Paying debts on time.

Q17. What could the financial service provider do (or not do) to help eliminate the tensions and reduce the risks for subgroup in the community? (MIT)

 Possible answers:

Conducting training on child protection prevention and response. Asking households who should be targeted as the recipients. Ensuring the confidentiality of cash and voucher assistance recipients. Counselling households on decision-making. Monitoring recipients' safety.

Q18. Would receiving cash and voucher assistance help X protect himself/herself from the risks they face outside the house? (BEN)

 Optional prompts:

- a. If yes, how?
- b. If not, why?

Reference the risks participants referenced in response to questions 8 and 12.

Q19. How would receiving cash and voucher assistance change X and their other family members' behaviour and/or decisions they make outside of the house? (CSG, BEN)

 Possible answers:

Changes in behaviour and/or decisions relating to child well-being. Change in the way in which children spend their time. Change in behaviour and/or decisions about spending on children's health, education, food consumption, and engagement in livelihood activities.

 Optional prompts:

- a. Would these choices be different for different children in the home?

 Possible answers:

Based on age, gender, disability, and/or other aspects of diversity.

Q20.If and when cash and voucher assistance come to an end, how would X and their family cope? (CSG, NEG, MIT)



Optional prompts:

- a. How would they cope in the short term? How would they cope in the long term?
- b. If they would not cope well, why not?
- c. What can the *financial service provider* do to help make sure that X stays safe after the cash and voucher assistance ends?

Q21.What forms of violence relating to CVA do you think X would feel most safe and comfortable reporting? (CSG)



Optional prompts:

- a. They would feel most safe reporting violence that happens where?



Possible answers:

In the home. At school. In a public space. At the market. On the street.

- b. What forms of violence?



Possible answers:

Examples of physical, sexual, verbal, psychological, and economic violence.

- c. Who would perpetuate the violence?



Possible answers:

Family. A known person outside the family. A humanitarian worker. A stranger. Other.

Q22 Who would X speak to if they were experiencing violence? (CSG)



Possible answers:

To family, friends, service providers (like INGOs, NGOs, CBOs), support groups, authorities (like police), and/or a financial service provider.



Optional prompts:

- a. Would they feel comfortable reporting if a *financial service provider* perpetrated the incident? If yes, whom would they report to?

Q23.Are there other groups of children in your community who you think are particularly at risk and would benefit from CVA?



Optional prompts:

- a. If yes, can you describe these groups of children?



Possible answers:

Age, gender, disability, and/or other aspects of diversity.

Q24.How do you think CVA would benefit other groups of children?

Q25.Do you think different actions would be needed to keep other groups of children safe when using CVA?



Optional prompts:

- a. If yes, what actions could be used to keep them safe?

Q26. On a scale of 1-3, where 1 is the safest and 3 is the least safe, rank how these different forms of cash and voucher assistance may impact children. (CSG, NEG, MIT)

Answers:

[Transfer mechanism A]

[Transfer mechanism B]

[Transfer mechanism C]



Optional prompts:

- a. Why have you ranked these options in this order?
- b. Would **subgroup** of children feel safe leaving their home to collect and use the cash and voucher assistance? Leaving their neighbourhood? Going to the market? Walking down the street? Using public transportation?

Adjust the list to include only the forms of cash and voucher assistance that are available in your location.

Q27. Do you know any groups/organisations in your district/community that specifically provide support to these other **subgroups who are at risk? (CSG, MIT)**



Optional prompts:

- a. If yes, which ones?



Possible answers:

(INGOs, NGOs, CBOs)

- b. If yes, what services/programmes are provided?



Possible answers:

Food assistance, health services, livelihoods support, protection services, etc.

Q28. How can a **financial service provider make sure that **subgroup** knows about:**
i) Their rights and entitlements; and
ii) The assistance available to them?
(CSG, MIT)



Possible answers:

Information available in different formats/places (brail, social media, door-to-door, office hours at CBO office/community centre).

Q29. How can a **financial service provider best share information with a particular **subgroup** about the nature of services for child protection? (CSG, MIT)**



Possible answers:

Information available in different formats/places (brail, social media, door-to-door, office hours at CBO office/community centre).

Q30. Are there individuals/groups within this community who would be most at risk of harm if they received cash and voucher assistance? This can be the kind of child mentioned in the story or any other group or category of children. (CSG, MIT)



Possible answers:

For example, boys, girls, or those of diverse sexual orientation gender identity, expression or sex characteristics. Children who are unaccompanied. Children who are out of school. Married children. Children who are parents. Children who are caregivers of adults with disabilities or older adults. Children who are being sexually exploited.

Q31. What harm would these especially at-risk children face because of CVA they receive? (CSG, MIT)



Possible answers:

Theft of the CVA. Someone exerting an influence on how they spend the CVA. Someone harming them so as to take the CVA. Use of the CVA for dangerous or illegal substances. Someone overreaching for goods.

Q32. What supports or services would have to accompany cash and voucher assistance to ensure that children stay safe and their well-being improves? (CSG, BEN, MIT)



Possible answers:

Case management support. Accompanying to market. Child-friendly reporting mechanisms. Coaching and guidance on prioritisation of spending.

Q33. Given cash and voucher assistance will last only for a set period, what needs to happen to prepare families for when cash and voucher assistance will end? (CSG, MIT)



Possible answers:

Training on financial management; livelihoods skills; links with government-run social safety nets.



Ricardo Franco, Mozambique 23 January 2021.

Section VI: Closing

“Thank you for your time. And thank you for the information you have shared. Your answers will help us deliver cash and voucher assistance in the safest way possible.”

“To summarise, this is what we noted during the discussion today.”

➔ *Give a summary of the notes taken on the discussion. Adjust if there is any feedback.*

“Is there anything you would like to correct or add? Is there anything else you would like to mention related to cash and voucher assistance and child protection?”

➔ *Correct or add anything noted.*

“Is there anything else you wish to discuss with me now?”

➔ *Allow time for any additional discussion.*

“Do you have any final questions?”

➔ *Answer any questions.*

“If you have questions later, please [insert the details of ways respondents may feedback].”

“You may have felt uncomfortable answering some of these questions. These discussions may have reminded you of something that happened to you, your child, or a child you know. These subjects can be upsetting. If you would like to speak with someone today because this topic has upset you, [insert details for local referral pathways]. If you would like to speak to someone another time, please give me your name and phone number before you go and someone will contact you.”

➔ *Make sure to discuss options for participants to report protection issues on the record, as well as off the record, and for them to share concerns with someone in the room immediately, or to an alternative person who is not present later.*

“Your responses will remain confidential.

Thank you and good-bye.”