

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



THE ALLIANCE
FOR CHILD PROTECTION
IN HUMANITARIAN ACTION



Tool 3

A survey tool for child protection caseworkers

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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
MEAL	Monitoring, Evaluation, Accountability, and Learning
MIT	Mitigation
NEG	Negative coping strategies
NGO	Non-governmental organisation
PDM	Post-distribution monitoring
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	“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
Case management	“The process of helping individual children and families through direct social-work type support, and information management.” ²
Caseworker	“The key worker in a case who maintains responsibility for the child’s care from identification to case closure.” ³
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’).”⁴</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	“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.” ⁵
Child	“Persons below the age of 18 years.” ⁶
Child protection benefits	Improved child well-being and the achievement of positive child protection outcomes.
Child protection in humanitarian action	“The prevention of and response to abuse, neglect, exploitation and violence against children in humanitarian action.” ⁷

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 Inter Agency Guidelines for Case Management and Child Protection, The Child Protection Working Group, 2014, <https://resourcecentre.savethechildren.net/library/inter-agency-guidelines-case-management-and-child-protection>

3 Ibid.

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

5 Ibid.

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

7 Ibid.

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.” ⁸
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.”⁹
Client	The individual at the centre of a case plan. May also be referred to as “case.” ¹⁰
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	“Voluntary agreement of an individual who has the capacity to make a decision, who understands what they are being asked to agree to, and who exercises free choice.” ¹²
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.” ¹³
Data protection	Law or policies” ...protecting the privacy of individuals and regulating the activities of organizations [sic] that use information relating to individuals.” ¹⁴
Delivery mechanism	“Means of delivering a cash or voucher transfer (e.g. smart card, mobile money transfer, cash in hand, cheque, ATM card, etc.).” ¹⁵

8 Ibid.

9 Ibid.

10 Inter Agency Guidelines for Case Management and Child Protection, The Child Protection Working Group, 2014, <https://resourcecentre.savethechildren.net/library/inter-agency-guidelines-case-management-and-child-protection>

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.

13 Ibid.

14 UNTERM: The United Nations Terminology Database, UN, <https://unterm.un.org/unterm/portal/welcome>

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

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.” ¹⁶
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.” ¹⁷
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.” ¹⁸
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.” ¹⁹
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.” ²⁰
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...” ²¹
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.” ²² 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.” ²³

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 The Alliance for Child Protection in Humanitarian Action, 2019, Minimum Standards for Child Protection in Humanitarian Action,

https://alliancecpha.org/en/CPMS_home

20 Ibid.

21 Glossary of Terminology for Cash and Voucher Assistance, Cash Learning Partnerships, 2019,

<http://www.cashlearning.org/resources/glossary>

22 The Alliance for Child Protection in Humanitarian Action, 2019, Minimum Standards for Child Protection in Humanitarian Action,

https://alliancecpha.org/en/CPMS_home

23 Glossary of Terminology for Cash and Voucher Assistance, Cash Learning Partnerships, 2019,

<http://www.cashlearning.org/resources/glossary>

Post-distribution monitoring	<p>Use of household (HH) surveys and/or focus group discussions (FGDs) to gather information on ongoing cash and voucher assistance programmes to monitor and evaluate the assistance provided and adjusting (if necessary) the future distribution or project activities to ensure project objectives are achieved.²⁴ Recipient feedback allows agencies to evaluate:</p> <ul style="list-style-type: none"> • Efficacy of CVA. • Patterns in CVA use. • Challenges and constraints experienced when using CVA. and, • Feedback on improvements needed for any future CVA. <p>PDMs are conducted independently of the CVA distribution but should happen shortly after.²⁵</p>
Protection from sexual exploitation and abuse	<p>“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.”²⁶</p>
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.”²⁷</p>
Referral	<p>“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.”²⁸</p>
Safety plan	<p>A safety plan is a document written in consultation between a caseworker and their client (a child and their caregiver/family where relevant). This sets out the risks that the client may face, and lays out strategies for addressing any of those risks. Ideally, it will name resources for addressing the risks, for example, service provider phone numbers, stress relief methods for dealing with distress, etc. and a safe person.</p>
Sampling	<p>A process for selecting a small number from a total population who give answers to questions that represent the views of that whole population. ²⁹</p>

24 See page 27 of Martin-Simpson, S, Grootenhuis, F. and Jordan, S. (2017) MONITORING4CTP - [Monitoring Guidance for CTP in Emergencies](#). USAID and CaLP.

25 UNHCR (July 2018) [Post-Distribution Monitoring Cash-Based Interventions: Bangladesh Refugee Situation](#).

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

27 Ibid.

28 Ibid.

29 ACF (2016) Multi-Sectoral Monitoring & Evaluation: A Practical Guide for Fieldworkers

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.” ³⁰
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.
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.” ³¹
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.” ³²
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.”³³</p>
Well-being	See child well-being.

30 Ibid.

31 Ibid.

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

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

INTRODUCTION

This tool, “Tool 3: A survey tool for child protection caseworkers,” 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, children who are separated or unaccompanied, 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 benefits³⁴ associated with the introduction of CVA.

This survey tool is for use by caseworkers as part of child protection case management. Using this tool will help staff using CVA as part of CP case management 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 adapted from one of the survey tools presented in the Women's Refugee Commission (WRC) toolkit [*Mainstreaming Gender-Based Violence \(GBV\) Considerations in Cash and Voucher Assistance \(CVA\)*](#).

³⁴ 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 the survey tool for all sector actors

This survey tool is for use by child protection caseworkers *after cash and voucher assistance (CVA) has already started to be disbursed*. It provides real time information on child protection risks and benefits associated with CVA when used as part of a case management response. This information should be used to inform adjustments to the way CVA is delivered.

Summary of “A survey tool for all humanitarian actors implementing cash and voucher assistance.”	
What does the tool do?	<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"> • Survey tool. 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 CP staff or CP caseworkers.
Who are the target respondents?	<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. • You can: <ul style="list-style-type: none"> - Select a small number of questions and use them as part of a case management meeting, AND/OR - You can meet with a family receiving case management support to solely discuss CVA. • Allow 1 – 2 months for adaptation, translation, and testing of the tool before using it.
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.

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.³⁵ All humanitarian actors have a responsibility to “Do No Harm”^{36,37} and protect the people they work with, including diverse children.³⁸ 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.

Children and families involved in a child protection case may face increased risks once they have disclosed violence. The increased risk may be due to retaliation on the part of the perpetrator; stigma associated with the form of child protection concern disclosed; or social norms that are challenged when people report concerns that are locally accepted. In addition, cash and voucher assistance (CVA) may or may not pose a risk. For this reason, all service providers must identify risks and implement measures towards ensuring safety and confidentiality in relation to the client, their case, and the support they receive.

Monitoring and adapting CVA for the client throughout the case management process can help to:

- a) Appropriately tailor referrals for cash and voucher assistance so as to maximise child protection benefits;
- b) Meet clients’ protection needs in a timely manner;
- c) Identify any harm experienced relating to CVA, and
- d) Minimise any possible further exposure to harm.

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 that 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](#).³⁹
- Seek technical support in-country from the child protection/cash coordination group.
- Implement systems for collaboration between child protection and cash actors at each stage of the programme cycle:
 - o Sharing assessment findings;
 - o Feeding into each other’s programme plan development processes;
 - o Supporting each other during implementation by providing technical expertise;
 - o Advising on monitoring processes, and
 - o Sharing, reviewing, and applying lessons learnt from programme evaluations.

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

36 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 \(2018\)](#)



37 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](#).

38 “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](#).

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

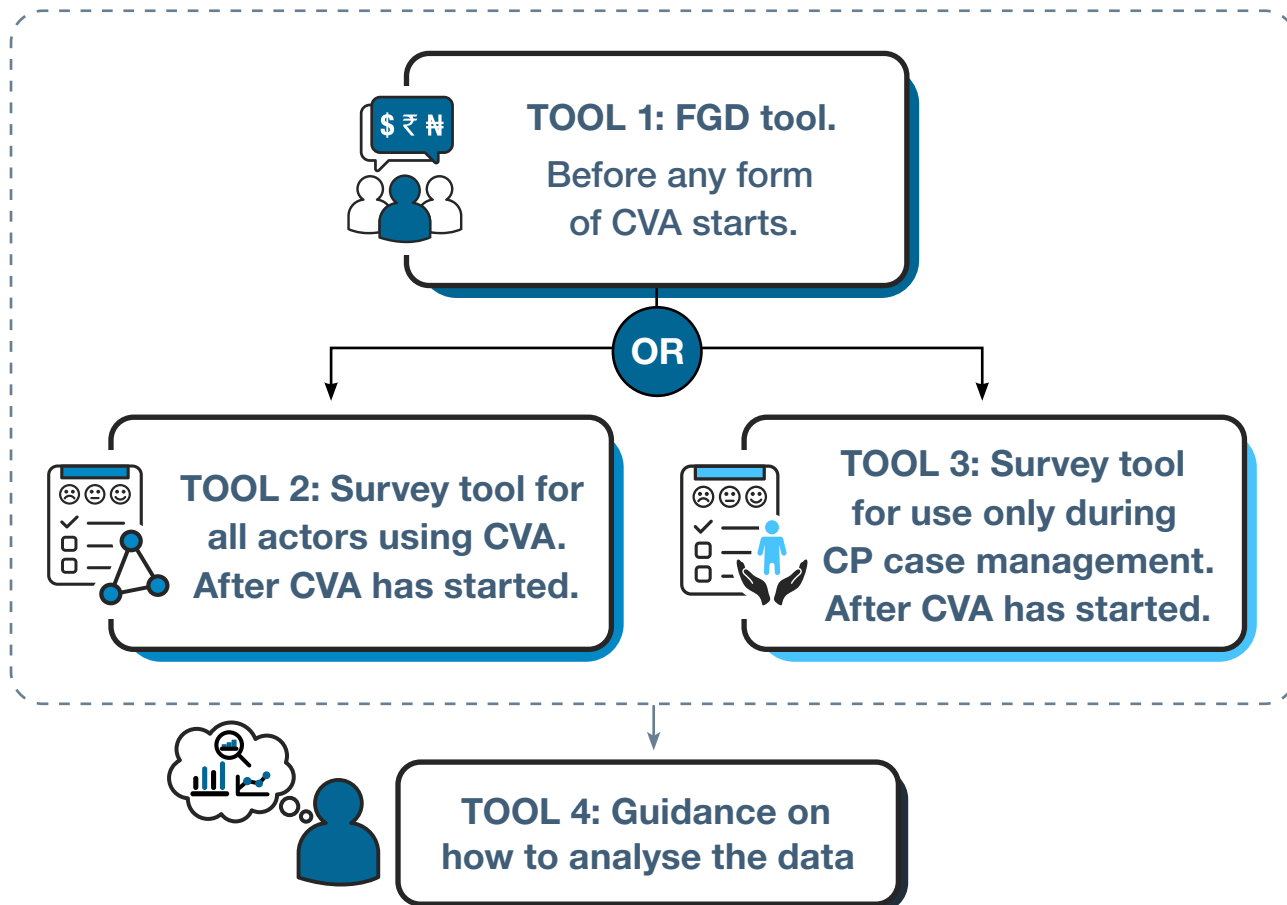
Toolkit for monitoring and evaluating child protection (CP) when using cash and voucher assistance (CVA)

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 1: Focus group discussion tool to identify child protection benefits and risks before starting cash and voucher assistance.</p>	 <p>Tool 2: A survey tool for all humanitarian actors implementing cash and voucher assistance.</p>
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. 	<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.
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 to adapt to context based on the M&E tools you are using. 	<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 CP staff 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 M&E, cash, child protection or other sector staff. Must have child protection technical support.
Who are the respondents?	<ul style="list-style-type: none"> For use with a sample of adults that represent the affected population you will be targeting with your CVA. 	<ul style="list-style-type: none"> For use with a sample of adults who represent the affected population who are already receiving CVA.
How do you use the tool?	<ul style="list-style-type: none"> The tool is modular. Stories and questions presented in the tool are to be selected and adapted 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"> Once, before starting cash and voucher assistance. 	<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 other survey tools would be used after, 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 focusing on the situation of children, and
- Questions on a range of child protection concerns, not only those relating to gender-based violence.

Ways to use 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, 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 relating to child protection, safeguarding, and identifying risks 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.
- [*Inter Agency Guidelines for Case Management and Child Protection*](#), The Child Protection Working Group, 2014.

Additional tools on cash and voucher assistance that may be useful are available at:

- [*Overview of Toolkit for Optimizing Cash-based Interventions for Protection from Gender-based Violence: Mainstreaming GBV Considerations in CBLs 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/>.

Additional tools on research and monitoring and evaluating child protection or other sector programmes that may be useful are:

- [*Child Protection in Emergencies Monitoring Toolkit*](#), Child Protection Working Group (CPWG), 2016.
- [*Child Protection Rapid Assessment Toolkit*](#), Child Protection Working Group (CPWG), 2014.
- [*Child-Centred Multi-Risk Assessments: A field guide and toolkit*](#), Plan International, July 2018.
- [*WHO ethical and safety recommendations for researching, documenting and monitoring sexual violence in emergencies*](#), WHO, 2007.
- [*Multi-Sectoral Monitoring & Evaluation: A Practical Guide for Fieldworkers*](#), ACF, 2016.

What is the purpose of this tool?

This survey tool is for use by child protection staff, including caseworkers, to support child protection risk and outcome monitoring. It should be used as part of the case management process for clients receiving cash and voucher assistance.

Cash and voucher assistance can be a key component of child protection case management in humanitarian settings when and where:

- a) Service providers require payment to address children's needs (e.g. health or legal services),
- b) Children and their families (cases) have limited financial resources that may restrict their access to services essential for their safety and to support their recovery, and,
- c) The root causes of the child protection concerns identified in your setting are financial.

Running this survey at intervals throughout the life of CVA as part of case management response enables you to:

- i. Determine if the cash and voucher assistance has fulfilled the objectives as identified in the case plan. This will monitor where CVA has contributed to direct and indirect child protection outcomes.
- ii. Inform adaptations of cash and voucher referral processes to address any barriers to achieving CP case plan objectives. For example, findings may inform the design and implementation of CVA and may influence coordination with cash actors.
- iii. Inform decisions about which CP cases are best supported through the use of CVA.
- iv. Identify risks caused by CVA as they arise.
- v. Monitor the effectiveness of risk mitigation mechanisms put in place.

In turn, this analysis may be used to:

- Inform adaptations of CVA to improve outcomes for children (e.g. adaptations to the disbursement mechanism, 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)'⁴⁰ 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.

⁴⁰ See Section 3. 'Situation and response analysis' in Judith Amar, Hannah Hames, and Nik Clifton, (2019) Child safeguarding for CVA guidance, Save the Children, <https://resourcecentre.savethechildren.net/library/child-safeguarding-cash-and-voucher-assistance-guidance>.

Who is this survey tool for?

Collaboration between child protection and cash actors:

This tool is for use by child protection staff alone. However, it is recommended that child protection staff collaborate with CVA actors when contextualising and using this tool. CVA actors may also be monitoring risks with those receiving CVA as part of their case management response. This collaboration will prevent duplication in the monitoring processes, reduce client exposure to risk, and enhance confidentiality. In addition, child protection actors should share anonymous findings and analysis so that all actors using CVA tailor and adjust their protocols, processes, and programming practice to maximise the well-being, safety, and protection of children and their families. Findings can be shared as a written report, executive summary, or as a presentation in a meeting. The information must be anonymised to maintain client confidentiality. **All collaboration and information sharing between actors should strictly follow data protection protocols and ensure the confidentiality of children and their families.**

See the section on [Steps to be taken to adapt the survey tool to context](#) for further details on collaboration regarding data sharing.

Who should manage the data collection process?

Using this survey tool requires management. One person in your location should be responsible for the adaptation and implementation of the survey. The person who fills this role will likely be a child protection programme manager, technical adviser or programme officer. They should:

- Oversee the adaptation of the tool 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.
- Train the caseworkers/child protection staff who will use the survey tool (referred to here as the enumerators).
- Confirm that the following have taken place/are in place as part of the ongoing case management process:
 - o A risk assessment process.
 - o Strategy to mitigate all identified risks.
 - o Child protection referral pathways for any new safeguarding incidents disclosed.
- Manage the survey tool's rollout.
- Manage the collation and analysis of data collected through the use of the survey.
- Oversee the process for interpreting results.
- Disseminate findings with relevant audiences whilst maintaining confidentiality.
- Establish a mechanism for feedback to those who participated in the survey.

Enumerators:

This survey tool is for child protection actors, especially caseworkers, implementing child protection case management. Enumerators should be diverse, appropriately qualified, and have had training. Minimum expectations in terms of training are outlined in the conditions section below.

Full survey tool:

Lead enumerator: The lead enumerator will be a child protection worker and/or caseworker. They will read out the script's content and ask the questions. They will take notes. They will explain the purpose of the research and the role of the enumerators. They will seek consent for participation and facilitate the discussion.

Second enumerator: The second enumerator will fill a supporting role to the lead enumerator. They must also have experience in child protection. They should be able to offer support to participants and offer to take any interviewees aside to talk if any of the questions cause distress.

Ideally, the enumerators using the full survey tool will not include the day-to-day caseworker of the respondent/client and/or their child, so the respondent feels comfortable disclosing any issues with the caseworker and current case management process. The enumerators may be the case supervisor, or a qualified/trained child protection staff member who is seen as independent of the caseworker and case management activities.

Priority questions can be used by a caseworker during regular visits with a child and their family.

Respondents:

The full survey tool and priority questions are only for use with adult caregivers who are:

- A client of case management support in a child protection case. They are the primary caregiver of a child/children who is/are at risk of or has/have experienced a child protection concern.

AND

- After they have already started to receive cash and voucher assistance as part of the case management response.

You may wish to run the survey with all those who are receiving CVA as part of their case management response. Alternatively, you can select a sample of individuals from within your whole caseload.

Choosing your sample: There is a range of sampling methods you can choose from: probability sampling, non-random/non-probability sampling, or exhaustive sampling.⁴¹ Which sampling method you choose will be influenced by:

- The resources you have available (financial, human, and logistical);
- Time constraints, and
- Issues relating to access – there can be challenges in reaching certain areas due to conflict, disruptions to communications, and/or infectious disease outbreaks.

When you are limited in the scale of the research you can do, it is best to cover fewer sites, and include fewer respondents, while using a more systematic sampling method.⁴² Whichever method you choose, the process for selecting research respondents should seek to identify individual's whose characteristics reflect those of the whole population.

Analysing the data based on your sampling method and size: Your sampling method and sample size will influence the accuracy level of the data you collect.

- If you have a **larger and more representative sample size**, the data you collect will enable you to (a) carry out more in-depth quantitative and statistical analysis, and (b) track trends over time.

⁴¹ There is an overview of sampling methods on pages 139–150 of [ACF's Multi-Sectoral Monitoring & Evaluation: A Practical Guide for Fieldworkers](#).

⁴² Child Protection Working Group (December 2012) [Child Protection Rapid Assessment Toolkit](#).

- If, due to resource, time, and access constraints, you have to use a **smaller sample**, it is recommended that you:
 - o Use a purposive sampling method;
 - o Triangulate your findings;
 - o Present your analysis in a qualitative form;
 - o Clarify that your findings are not fully representative of the whole population, and
 - o Recognise that you cannot track trends over time.

When, and how often, should you use this tool?

The full survey tool and priority questions are only for use with adult caregivers receiving child protection case management support after they have already started to receive cash and voucher assistance as part of that case management. The first time the survey runs should take place 7 – 30 days after CVA has begun. Carrying out the survey shortly after a disbursement will help:

- Ensure that respondents clearly recall the CVA and any related safety risks;
- Identify any issues that are already arising;
- Respond to incidents as soon as possible;
- Adapt CVA as needed in real-time to ensure the ongoing safety of the CVA, and
- Mitigate any reoccurring risks.

Full survey:

The full survey tool is for use with clients who have **already** started to receive cash or voucher assistance. The first time the survey runs should be shortly after assistance has begun.

The frequency for running the full survey can vary. You should adapt the **frequency of the survey** to your context (see factors to consider below). Over the course of the life of your CVA, you may wish to run the survey:

- Only twice. Once during a case management follow-up session, 7-30 days after CVA has started, and once when closing a case, or
- Once, 7 – 30 days after CVA has started. Several times throughout the year, at set intervals – quarterly, for example. Then one last time when ending CVA. This may be helpful if the client is receiving assistance over a longer time frame, or
- Once, 7 – 30 days after CVA has started. Several times throughout the year, at set intervals – quarterly, for example. Then one final time several months after CVA has ended. This may help identify protection outcomes and risks that arise as a result of how CVA ends.

Factors to consider when deciding on the frequency for running the full survey. Child protection, cash, and other sector actors should work together to determine the monitoring frequency. Factors to consider when deciding upon the frequency are:

- Duration of the case management and CVA.
- Outcomes of other assessment and risk monitoring activities that have already taken place – where risks are high, monitoring may need to be more frequent.
- The feasibility of accessing the CVA recipient, resources to carry out monitoring activities, and staff capacity. Considerations concerning staff capacity include the time and skills needed for data collection, compilation, cleaning, and analysis.
- Volatility of the context. Where the programme setting is rapidly changing, and new risks are constantly arising, you may need to run the survey more frequently.
- Changes in service provision in the context. For example, a change in the form and nature of CVA, a change in financial service provider, a change in caseworker, etc.

Priority questions: Caseworkers can use the [Priority Questions](#) to assess risks and safety concerns associated with the cash and voucher assistance during every visit with the client. This enables you to rapidly identify and address urgent risks related to CVA, before a full risk assessment next takes place.

PRIORITY QUESTIONS TO BE ASKED DURING ALL CASEWORKER VISITS.

The following questions are to be asked during all caseworker visits when children and their families are receiving cash/voucher assistance. These questions establish any new and urgent risks before a full risk assessment will take place.

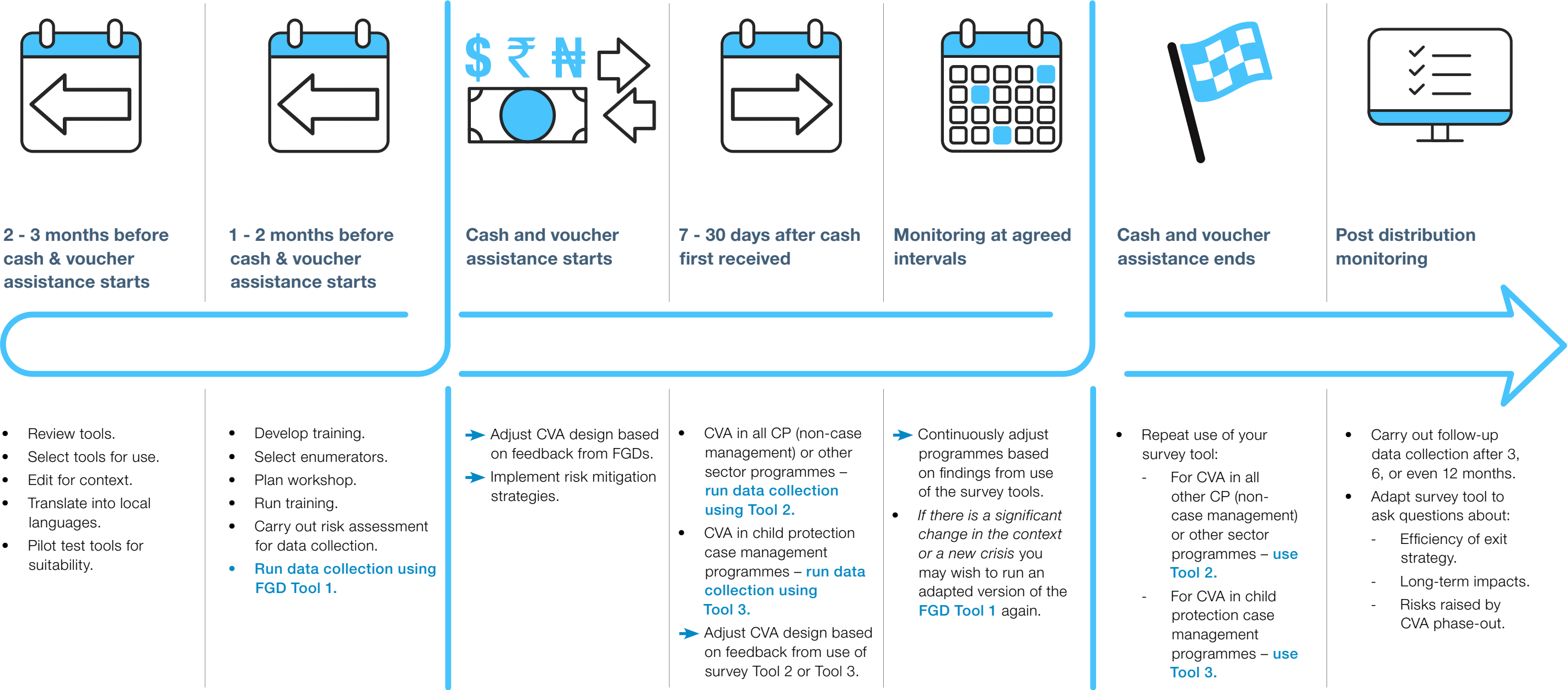
- **Section 1: Introduction and consent.**
- **Section 5: Impact of cash on a child's feeling of safety and security: Questions 5.1, 5.2, and 5.4.**
- **Section 8: Service providers approach and support: Question 8.2.**
- **Section 9: Closing.**

If concerns are raised over the course of questions asked in Sections 5 or 8, find out how the cash and voucher assistance should be adapted and improved by asking questions in **Section 7: Improving referrals for cash and voucher assistance as a type of child protection response: 7.2 and 7.3.**

Take rapid action if the client indicates any concerns, risks, violence, or potentially unacceptable behaviour by staff during the survey process. See the description of the “Best interests of the child,” “Mandatory reporting,” and “Referral pathways” in the [“What are the conditions for using this tool?”](#) section of this document.



Timeline for using Tool 2 and the other tools in the CP and CVA M&E Toolkit



How should you use this tool?

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. You can:

- Select a small number of questions and use them during your case management meetings; AND/OR
- You can run a specific data collection process using this tool that focuses on understanding the child protection benefits and risks relating to the use of CVA.

In either of the instances above – based on organisational resources, in-country data collection protocols, and staff capacity – give the client a choice of how to carry out the survey. A survey may be used in one of three ways:

(1) One-on-one interview:

The survey questions may be used in a **one-on-one interview** run by an appropriately qualified enumerator (see the section on [conditions](#) below) when:

- Reading and writing poses a challenge for respondents, AND
- There is insufficient time and resources to adapt the tool to use only symbols and visuals as opposed to text.

(2) Self-completion using a paper version of the survey OR (3) Self-completion using an electronic version of the survey on a handheld device.

Self-completion of the survey may be in paper or electronic form.

- It allows participants to be completely open about sensitive risks and concerns.
- It requires training of the respondents on the use of forms and/or handheld devices.
- If the form is in text, a minimum literacy level is essential.
- Respondents should be allowed to choose if they identify themselves or not – meaning, whether they provide their names.
- Anonymous completion prevents any immediate action on behalf of humanitarian agencies if a respondent shares details of harm to a child or children.

Where should you use this tool?

The respondent should be involved in the choice of location.

You may wish to run the survey one-on-one by going to each respondent's household.

You may choose to meet in a neutral location, away from the client's household. If your organisation does not have a private case management office available, alternative locations may include 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. Community halls may have the necessary space, but may be too visible, or associated with a certain social, economic, ethnic, or political group.

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

Four main factors to consider when choosing a location for running group sessions.

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 all those 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 adults attending the meeting. This may be done, for example, through supervised group activities or a mobile child-friendly space.

Privacy: The survey/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 survey process, carry out a risk assessment of the chosen locations. You can run a safety audit by adapting guidance on gender-based violence in emergencies: [Safety Audits: A How-To Guide](#). Continuously assess risk levels and implement mitigating actions. Identify alternate locations in case risks are too high, or when the situation is volatile.

In some settings, technological capacity and connectivity may be good enough to ask respondents to complete the survey process using a smartphone or online.

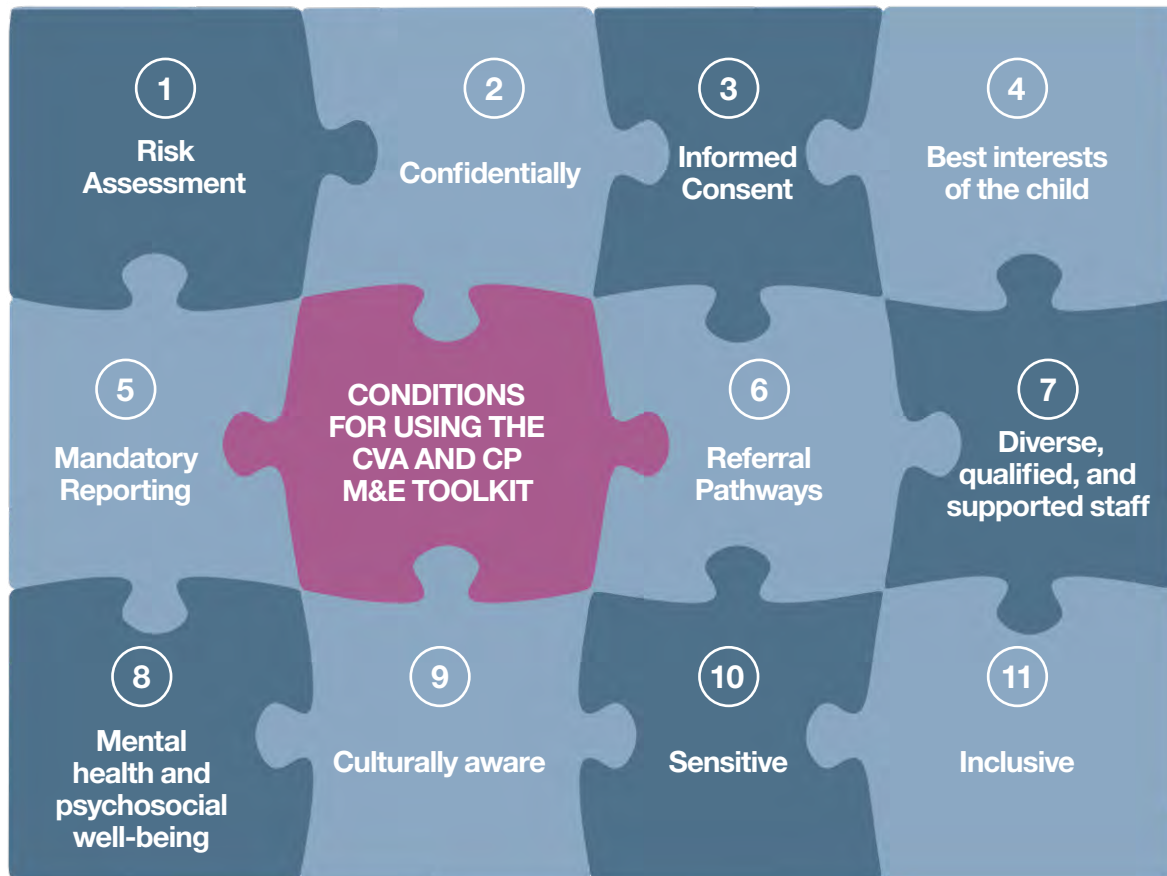
Where physical access is not possible, you can also run the survey over the phone.



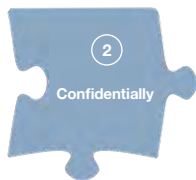
What are the conditions for using this tool?

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:** Prior to 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 ensuring confidentiality⁴³ – 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 the survey process (and/or if others are informed of the activity), they should be told it will assess the quality of humanitarian CVA. The fact that the discussion concerns child protection and risks to children should not be widely advertised. It should not be possible to trace a person who 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 the confidentiality of respondents and the 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 survey or interview. The enumerators must seek consent when planning the data collection activity and when inviting respondents to participate in the survey/ interview. Then, facilitators must 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, see “[Section 1: Introduction and consent.](#)” There are eight elements to the suggested script:

- i. Reason for the survey,
- ii. Subject matter of the survey,
- iii. Intended outcomes of the survey,
- iv. Rights of respondent,
- 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 that is taking place 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 participate 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 assistance.

43 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: When using the survey, child protection concerns may be raised that require immediate action. To adhere to the “best interest of the child” principle, the need for action may override confidentiality. Reporting an incident to a relevant staff member or service provider for action 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 survey 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 survey 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 in relation to reporting;
 - Justice and security actors’ response to children and alleged perpetrators, and
 - Possible risks to children, their families, witnesses, and alleged perpetrators.
- ➔ As rapidly as possible, report if a respondent indicates concerns, risks, violence, or potentially unacceptable behaviour by staff in response to any of the questions during the survey process.



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

- ➔ The facilitation team must confirm all the following are in place before starting any monitoring processes:
 - 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 facilitators is responsible for monitoring the discussion. If a participant is starting to disclose an incident, this facilitator should suggest the respondent can 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: Enumerators for this tool must be caseworkers or child protection practitioners. As such, they should already have the competencies and skills set out in “Appendix 1: Caseworker Competency and Skill Framework,” pages 73 – 75 of the [Inter Agency Guidelines for Case Management and Child Protection](#). The Child Protection Working Group, 2014.

Enumerators 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.

To reduce reporting bias, the enumerators carrying out data collection should not be the same individuals who distribute CVA.

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: All data collection team members must receive relevant and sufficient training, or have demonstrated skills and experience in the following areas:⁴⁴

- Interview techniques;
- 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.

⁴⁴ 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>.

Staff well-being: All enumerators must have access to ongoing technical support, so they can discuss, confirm and problem-solve the way they are working. In addition, they need support in case of distress or secondary trauma if they receive disclosures or hear about others' distressing experiences.#

Staff well-being: Staff need to be able to access confidential mental health and psychosocial support in case of trauma or distress relating to (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 the way they are working.



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 that the respondents 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 survey process. Have a staff member or facilitator on stand-by to either 1) provide psychosocial support or 2) refer and accompany individuals onwards 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 survey or interview. However, facilitators must not show any signs that they condone or support harmful traditional practices.



10) Sensitive: Enumerators must not ask or probe about any history of harm to a child during the survey 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 engage respondents in the survey must be inclusive. This means that various versions and methods of completing the survey must be made available to respondents. For example, in local languages; in sign language; versions for respondents with visual impairments; options for responding verbally instead of in writing; etc. The location chosen must also be accessible to all respondents.

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 sensitive subject.

A decision to include these questions in your discussions with child protection clients should be made involving relevant protection and management staff.

When deciding whether to include these questions in your MEAL process consider:

- **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 often 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.** Are there risks for staff and respondents if it becomes known that subjects relating to SOGIESC were discussed?
- **Legal frameworks.** Are there 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 upon respondents' relationship with the organisation/ agency you represent?

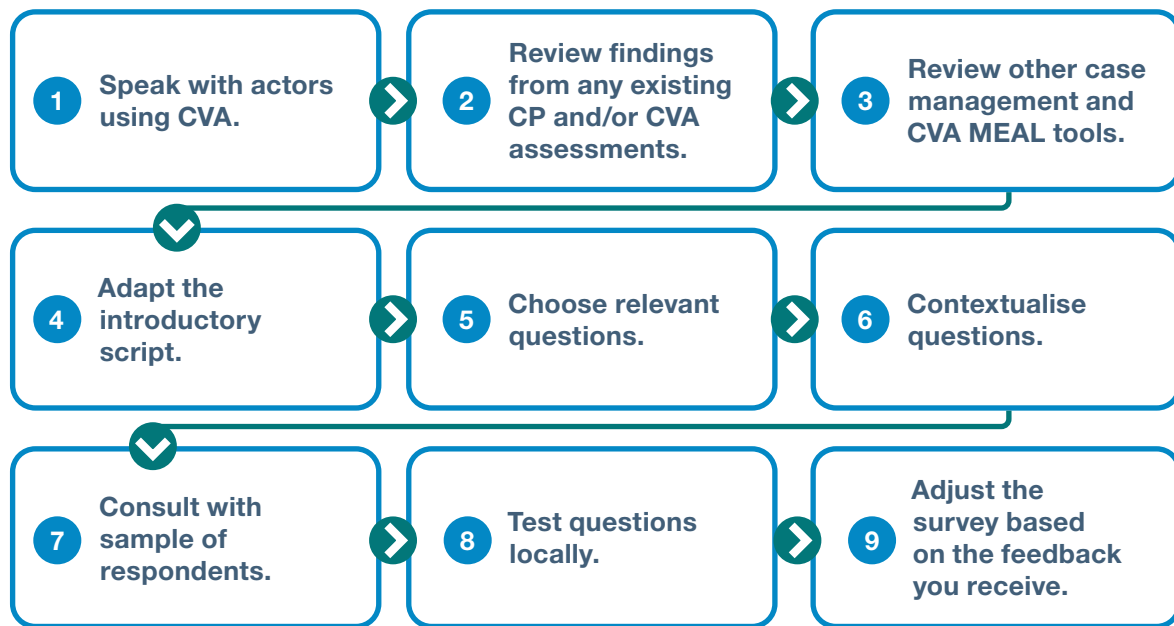
How do you contextualise this tool?

The survey 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 case management and 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 compare the tool with other MEAL data collection processes, you will have to contact your colleagues for them to share the tools they are currently using.

Any child protection agency using this tool should adapt the tool in coordination with other child protection actors, cash/voucher actors, and MEAL colleagues. The key steps for tool adaptation are in the diagram below.

Steps to adapt the survey 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 modalities and delivery mechanisms to be use in the context, and
 - ii. Children and their families.
- Share the data collection tools they are using.
- Review the survey tool so they can participate in selecting questions for the survey.
- Support in selecting questions for use in your setting.
- Give details about 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 that arise 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 any risk assessments carried out; (d) Whether risk assessment tools include questions concerning specific risks for children; (e) If 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) Review other case management and CVA MEAL tools.

- Look at existing case management monitoring tools. You may already have in place:
 - Specific case management forms relating to case/child assessment; risk assessment; case action plan; and case follow-up.
 - Tools that monitor the child and families well-being.
 - Suggested scripts for case management visits.
- Identify MEAL tools and questions that:
 - Identify safeguarding or SEA concerns;
 - Determine if there are any risks relating to CVA, and/or
 - Indicate any possible child protection benefits linked to CVA.
- See how these case management and MEAL tools already:
 - Integrate questions for the caregiver on risks and child protection concerns.
 - Assess child protection outcomes.
 - Review actions of service providers (which can include financial service providers).

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

Section I: Introduction

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

Discuss the organisational policy and approach that 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 for the consent process. In some settings, explaining that maltreatment/abuse of children is illegal and/or saying that it is an international rights violation may help.

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

- How best to 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.
- Whether 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 in supporting the case for identifying, mitigating against, 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 are specific to the context.
- Tailoring the outcomes of the discussion.
- Explaining the concept of confidentiality in an easily understandable way.

- Including any organisational-, local-, and/or national-level mandatory reporting requirements.
- Taking into account past community expectations – whether they were for increased funding, new programmes, or new agencies to start operating in the area. Directly address these expectations by stating what this research aims to achieve and what it cannot do.

5) Choose relevant questions.

- **Select from the menu of questions; only use a maximum of 8-12 questions.**
- The questions are presented in sections so that the enumerators can choose the most relevant questions for their programme work and context. 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.
- Compare the list of questions below with other 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 asked in other M&E activities.
- Choose the questions in each section that:
 - Are most relevant to your programme work and context, and
 - Fill gaps in data being collected by other tools used in your location.
 - Link any identified CP risks, CP outcomes, and mitigation strategies firmly to the CVA used for case management purposes – other tools may not look at the intersection between CVA and case management.

6) Contextualise the selected questions: Adapt the script and questions to the context:

- **Translate** the suggested script and questions into languages used by respondents in your setting.
- None of the elements for **seeking consent** can be cut, irrespective of the context. All eight elements for seeking consent should be retained in all settings. However, they may be adapted to context by:
 - Adapting the words used to describe the elements.
 - Elaborating on or explaining the survey's purpose in ways that make it more specific to the context.
 - Tailoring the outcomes of the survey as intended.
 - Explaining the concept of confidentiality in ways that are easily understood.
 - Reflecting any organisational-, local-, and/or national-level mandatory reporting regulations in the introduction.
- **Adapt the wording of the questions:**
 - Text in ***bold red italics*** should be changed to the name of relevant individuals, agencies/ organisations, place names, contact details, or other context specific information.
 - Simplify the language used, using locally relevant terms, and
 - Adapt question and answer options to align with programme design in the location.
 - When delivering the survey in a one-on-one interview, the child protection or caseworker can adapt the questions to the specific case and household so they are clear and relevant to the respondent.
 - You may need to add to or adjust the questions in "Section 3: The impact of cash/ voucher on child well-being." These questions should cover locally relevant strategies for coping with economic shocks that negatively impact child well-being.
- **Adapt the answer choices:**
 - Based on your setting and tool pilot testing, adapt the answers choices. The answer choices provide standardised categories that help with analysis. Respondents may give

answers that are not worded exactly as the pre-defined answer choices. It should be possible for the enumerators to select one of the answer choices based on trends in what the majority of respondents may say. [Adding specific answer choices will enable you to generate quantitative data from what are currently presented as open questions.](#)

- o E.g. if a survey question reads as follows:
 - QUESTION: “Where are children most at risk of violence?”
 - ANSWER CHOICES COULD BE:
 - a) At home.
 - b) At the market.
 - d) On the way to school.
 - e) At school.
 - f) When working.
 - g) Other, please specify.
 - If a respondent answers, “the teacher often hits children in the classroom,” the enumerator would choose option (e). If a respondent answered “children are often beaten when planting maize,” the enumerator would choose option (f).

Questions to adjust	Edits needed for your question or answer options
3.2.3 and 3.2.4	Add the child protection risks relevant to your context in the answer options.
3.5.1	Add context-specific common forms of child labour.
4.2	Add a list of locally relevant delivery mechanisms to the answer option “How it is delivered could be improved.”
6.5.1	Adapt the list covering the local options for delivery mechanisms.

7) Consult with a sample of respondents.

- Consult with a small sample of survey respondents.
- Discuss the various completion options – one-on-one interview or self-administered in paper form or electronically. As part of case management meetings or separately.
- Establish which option is best suited to the respondents engaged in the research process.

8) Test the selected survey questions locally

- Test the tool with a sample of respondents from the affected population. Use the 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 you run the full research process. If any safeguarding concerns arise 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 several questions to get their feedback on the process and the tool:
 - o Did you understand the questions?
 - o Which questions or words were hard to understand?
 - o How can we ask these questions to make them clearer? Are there other words that would be easier to understand?
 - o How was the pace of the session – too fast, too slow, just right?
 - o How was the overall session length?
 - o Etc.

- Get feedback on the tool from the enumerators too. Ask them:
 - o How easy did you find the tool instructions to follow?
 - o Did you understand the questions?
 - o Did the answer options fit with the responses you received?
 - o Was the length was too short, long, or just right?
 - o Etc.

9) Adjust the survey based on the feedback you receive.

- Adjust the script, questions, and answers listed in the survey tool based on the feedback you receive.
- You may, for example, (1) reduce the number of questions if told the survey is too long; (2) add the new response options to your answer list to make survey completion easier for the enumerator.

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 of a disclosure of a child protection incident.
- For further details on preparing for the data collection see, [*“What are the conditions for using this tool?”*](#)

How do you use the survey script?

The survey script may be used in a one-on-one interview or self-administered using a printed form or electronic version on a handheld device.

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

Questions are indicated with the letter “Q,” are printed in bold, and are in a blue-shaded box.

Answer options are indicated with the letter “A,” the text is **not** in bold, and the box in which answer options appear is not shaded.

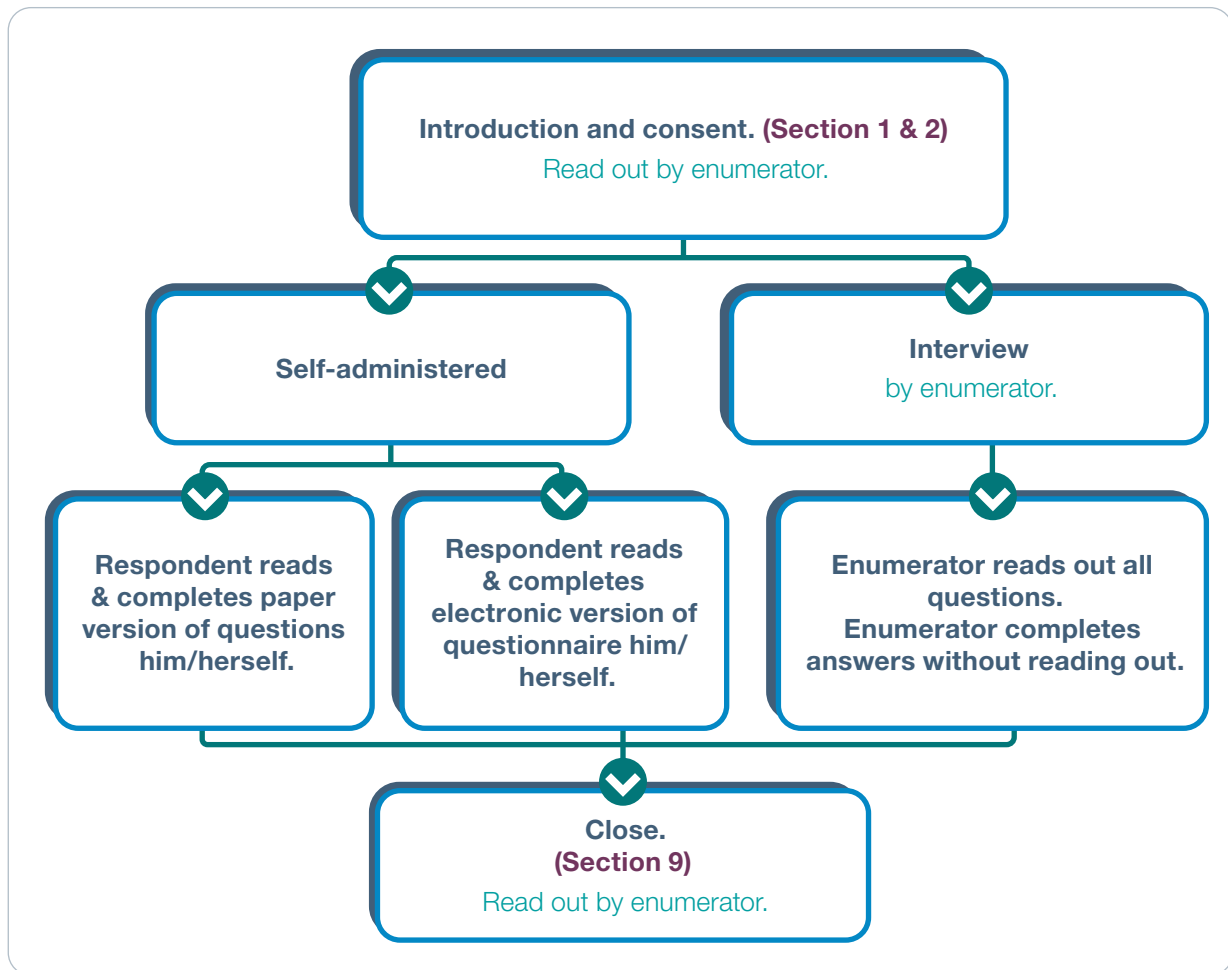
One-on-one interview:

- Instructions for the enumerator are written in italics. Do not read these out loud.
- Read the questions out loud.
- Answers should not be read out loud when enumerators are verbally running the survey, but should be selected by the enumerator when the answer is given.

Self-administered survey:

- Provide instructions at the beginning of the process. Enumerators must stay present to answer any questions the respondent may have as they start to use the survey tool.
- Give questions to survey respondents for self-completion.
- Cut answers from the form, and keep for reference by the programme team when coding the survey results.

Steps for running the survey



How do you analyse the data generated by using this survey tool?

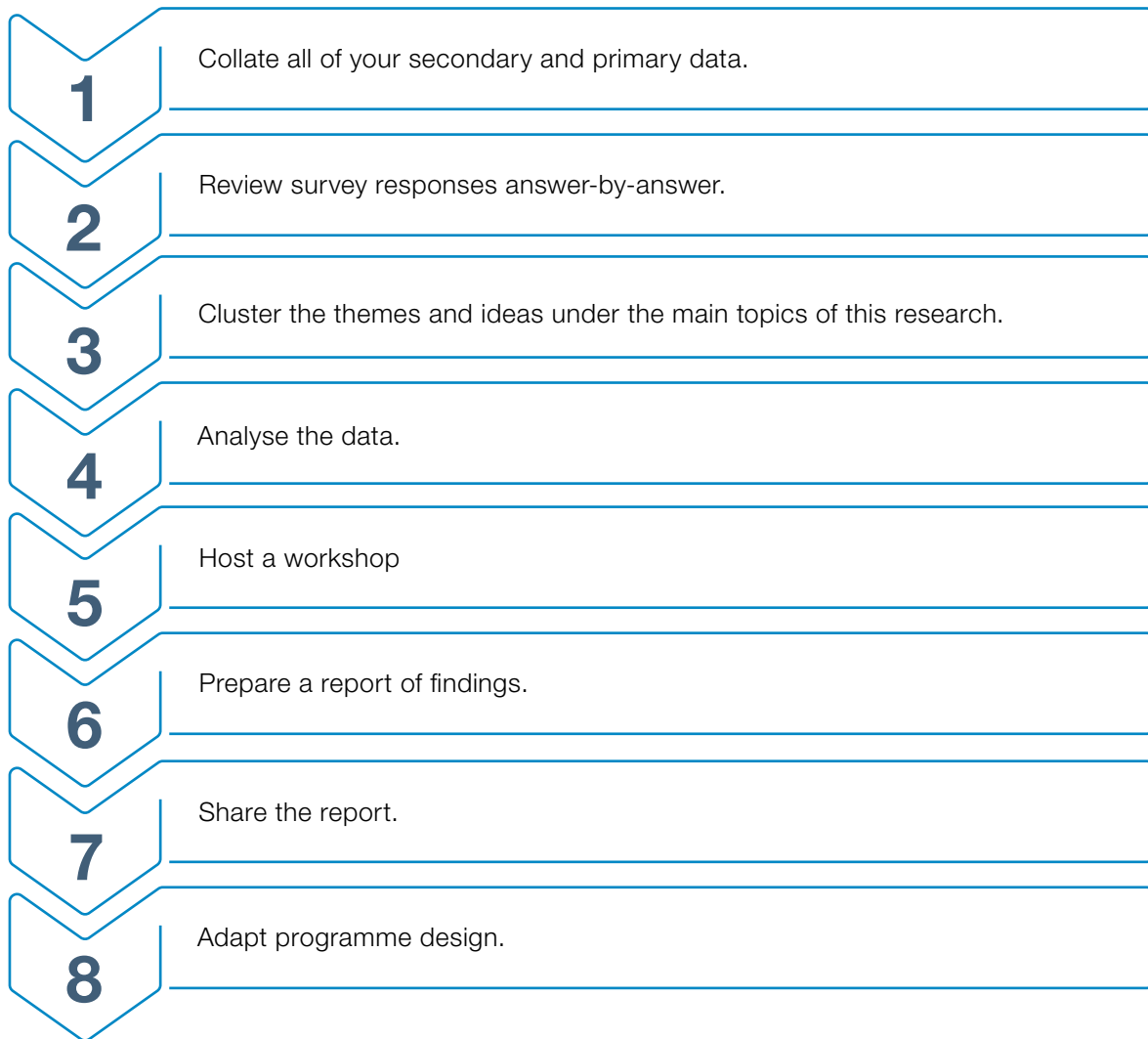
Safeguarding concerns and life-threatening injuries or medical conditions observed or presented during the data collection process should be addressed as soon as possible.

- 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.

- Child protection, cash, and MEAL actors should work together to analyse the findings.
- Where possible, analyse the data coming from the case managers on an ongoing basis. This enables you to identify and urgently respond to any protection issues that arise.
- On a quarterly, bi-annual, or annual basis, you may wish to run a more formal analysis process to collate the data and findings.

Steps for survey data analysis



Step 1: Collate all of your secondary and primary data.

- Aggregate your primary data to be able to enable the identification of trends and patterns.
- Organise the survey responses, so you have all the responses to question 1 together, all answers to questions 2 together, etc.
- Where there are closed-ended questions and you have been able to generate quantitative data – some form of straight-forward statistical analysis may be possible. This will most likely to be descriptive statistics. This will summarise the overall data and maybe presented as figures or in visual form. More complex data analysis may be possible based on:
 - o Your sampling method (how representative your sample was), and
 - o You staff capacity in-country.

Step 2: Review survey responses answer-by-answer.

- Note the main themes discussed under each question. Identify emerging commonalities.
- Identify any common themes or ideas that came up in responses to several questions.
- Where there are open-ended responses:
 - o Select quotes that clearly summarise the ideas and themes that have been presented in the survey response.
 - o Record details of any risks not previously identified.

- o Note any risk mitigation strategies that are not used.
- o Keep a list of protection concerns that have been addressed and the potential benefits of CVA.
- 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:
 - o Child protection benefits (**BEN**).
 - o Child protection risks (**RIS**).
 - o Protection from Sexual Exploitation and Abuse (**PSEA**) and Child safeguarding (**CSG**).
 - o Family and community level-negative coping strategies (**NEG**).
 - o Ideas for mitigating risks (**MIT**).

Step 4: Analyse your data.

- Think critically and analyse data presented in the transcripts to explain the “why” behind each of the themes and ideas.
- Try to cross correlate factors. E.g. (1) maybe female respondents from a certain location are raising a particular child protection concern, not raised in other locations. (2) Maybe a particular CVA modality or delivery mechanisms is especially likely to lead to a CP benefit.
- All data analysed should be “de-identified,” meaning no names, addresses, or other information that could indicate the identity of individuals who participated in the survey 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:
 - o Expertise in child protection, cash and voucher assistance, and monitoring and evaluation, and
 - o 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 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 delivery mechanisms present the greatest risks, and
- 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 wellbeing and safety of CVA recipients.
- Findings can be shared as a written report, executive summary, or as a presentation in a meeting. Ideally, you will 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.
- Act immediately 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: How to analyse the data gathered using the toolkit for monitoring and evaluating child protection when using cash and voucher assistance.” Available at: <https://resourcecentre.savethechildren.net/toolkit-monitoring-and-evaluating-cpcva>

SURVEY SCRIPT

Section I: Introduction and consent

Introduction:

“Hello. I am *[insert name]*. Today I am 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 the survey: “I would like to ask you some questions about your experience receiving cash/voucher support from *[name of agency providing cash]* that was intended to help the child in your care and reduce the risk of harm to the child. The questions focus on safety and protection benefits related to the cash/voucher assistance and will help *[cash actor]* and *[case management provider]* improve the programme and the safety of those involved in cash/voucher assistance as a part of child protection case management.”

Subject matter of the survey:

“The survey will ask questions to understand:

- How the cash/voucher assistance you have been receiving may have helped to reduce harm to children, and/or
- If cash/voucher assistance may have caused harm to children.”

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.⁴⁵

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:
 - Dangers and injuries;
 - Physical and emotional maltreatment;
 - Sexual and gender-based violence;
 - Mental health issues and psychosocial distress;
 - Association of children with armed forces or groups;
 - Child labour and
 - Children who are unaccompanied or separated.

⁴⁵ 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

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 a child 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/or
- Demonstrate other personal level characteristics or a combination of the above.”

Intended outcomes of the interview: “Your answers will not affect or change the level or frequency of the cash/voucher assistance you or anyone else gets in the future. We will only use this information to make sure the WAY you receive cash/voucher assistance is as safe as possible.”

Rights of the 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 survey at anytime.”

Confidentiality: “Your answers are confidential. That means that I may share details of what you have told me so that 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 work out who told me what or who gave what feedback.”

Best interests and mandatory reporting: “If you tell me that you know a child who has been harmed, is 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 share an incident of harm or risk of harm with us. Ideally, we would prefer you tell us privately so that the we can do everything possible to keep details of the child and incident confidential.”

Option for clarification: “Do you have any questions for me or concerns you want to discuss with me, before we begin?”

“If you have any concerns 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
Organisation
Telephone number
E-mail address”

“Please can you paraphrase what we have just discussed to confirm you have heard and understood the reason for the interview and your rights to confidentiality.”

Q. 1.1. “Can we continue the interview?

Record consent to take part in the interview (select the appropriate box below):

	Select appropriate box according to response, yes or no
Yes	
No	

If no:

If they say "no," you should 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:

If they say "yes," ... if the survey is being conducted in a one-one interview (i.e. not self-administered)

"I would like to write notes/record this discussion to be able to refer back to what we discussed later. I will not include your name with these notes. Is this ok with you?"

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."**

If yes:

If they say "yes" to keeping a written record and recording the interview:

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 recording.

Section 2: Client details

Q 2.1: Record the client's ID number and name if they consent:

A: Client name or ID number	
A: Not given	

Q. 2.2. Can we note your gender and age?

(Remind the respondent they can opt-out of answering this question if they want.)

Sex (Respondent)	Male	Female	Other (please specify)	Rather not say
Age in years (Respondent)				

Section 3: The impact of cash/voucher on child well-being**Q 3.2: Can you give me the ages and genders of every child living with you? Note: any person under the age of 18 is considered a child.**

	Age (0-18)	Gender (Girl, Boy, Other, Rather not say)	Biological child/foster child (related)/foster child (not related)
Child 1			
Child 2			
Child 3			
Child 4			
Child 5			
Child 6			
Child 7			
Child 8			
Child 9			
Child 10			

Q 3.2. Do you have the same number of children living with you now as before the cash/voucher assistance started? BEN/RIS/NEG

- Enumerators should be aware that a potential answer to this question could be that a child has died. If the enumerators ask this question, they must be prepared and equipped to:
 - Proceed with the discussion gently;
 - Offer the respondent the opportunity to leave and privately discuss with the second enumerator, and
 - Offer support opportunities that the participant can access.

A: Yes**A: No**

If yes:

Q 3.2.1: Did the cash/voucher assistance make it possible for you to keep all of your children with you?	A:
Q: If yes, how? (Free form answer.)	A:

If no:

Q 3.2.2: Do you have more or less children living with you now?	
A: More	
A: Less	

Q 3.2.3: If you now have MORE children living with you, why?

- Respondents can select more than one option.
- Specify the number of children in the second column.

A. Children previously separated were able to return home because of the cash/voucher assistance.	
A. New child/ren (not originally part of your household) came to live in your home because you had cash/voucher assistance.	
A. Child/ren married someone in your household.	
A. Child/ren came to work in your home.	
A. Child/ren came to access an education.	
A. Child/ren came to access healthcare.	
A. Child/ren came to be safer.	
A. Other, please specify.	

Q 3.2.4: If you now have LESS children living with you, why did the children leave?

- Respondents can select more than one option.
- Specify the number of children in the second column.

A. Child/ren left because you could not afford to take care of them anymore.	
A. Child/ren got married.	(If you select this answer ask question 2.3.5 below.)
A. Child/ren went to access education elsewhere.	
A. Child/ren left to access healthcare.	
A. Child/ren left to be safer elsewhere.	
A. Other, please specify.	

Q 3.2.5: Do you want to tell us more about why these children left?

Free form answer:

Q3.3. Has anyone under 18 in the household gotten married since [insert the date the cash and voucher assistance started]? BEN/RIS/NEG

YES	
NO	

*If yes:***If yes, was the marriage planned before the cash/voucher assistance started?**

A. Yes	
A. No	

*If yes:***If yes, why did the child/children get married?**

A. Overall income (including the CVA) was insufficient to keep the household together.	
A. Note free form answers.	
A. Cash/voucher assistance helps to finance the marriage/union.	

Q 3.4: Did the child/ren work BEFORE receiving cash/voucher assistance? (Note the number of children, genders, and age of children working.) BEN/RIS/NEG

A. Yes	Girls: Boys: Other: Rather not say:
A. No	Girls: Boys: Other: Rather not say:

If yes:

Q 3.4.1: What form of work?

A: *Add in context-specific answer options:*

A: *Add in context-specific answer options:*

A: *Add in context-specific answer options:*

Q 3.4.2: Roughly how many hours a week?

A. 1-5 hours per week

A. 6-10 hours per week

A. 11-20 hours per week

A. 21-30 hours per week

A. 30+ hours per week

Q 3.5: Has/have your child/children started working SINCE/AFTER you started receiving cash/voucher assistance? BEN/RIS/NEG

A. Yes

Girls:
Boys:
Other:
Rather not say:

A. No

Girls:
Boys:
Other:
Rather not say:

If yes:

Q 3.5.1: What form of work?

A: *Add in context-specific answer options:*

A: *Add in context-specific answer options:*

A: *Add in context-specific answer options:*

A. Free form answer:

Q 3.5.2: Roughly how many hours a week?

A. 1-5 hours per week

A. 6-10 hours per week

A. 11-20 hours per week

A. 21-30 hours per week

A. 30+ hours per week

Q 3.5.3: Why did they start to work?

A. Household had insufficient income to meet basic needs.

A. Schools closed.

A. Child wanted to work.

A: *Add in context-specific answer options:*

Section 4: Impact of cash and voucher assistance on children's access to services

Q 4.1: Did the cash/voucher assistance impact the safety of your household?
BEN/RIS/NEG

A. Increased safety	
A. Decreased safety	
Additional notes	

Q 4.1.1: If yes, how/in what way(s)?

Q 4.2: How can we adapt cash and voucher assistance to ensure you and your child's safety? **MIT**

A. Increase duration	
A. Increase amount	
A. Change frequency – less often	
A. Change frequency – more often	
A. How it is delivered could be improved	
A. Time of day or day of month could be improved	
A. Other	
A. No changes necessary.	

Q 4.3: Has receiving cash/voucher assistance helped address child protection concerns for the child/ren in your care? **BEN**

A. Yes	
A. No	

If yes:

Q 4.3.1: How?

A. Free form answer:

If no:

Q 4.3.2: Why not?

A. Free form answer:

Q 4.4: Which services were you or your household able to access because of receiving cash/voucher through case management? **BEN**

A. Education	
A. Health/medical	
A. Safety and protection	
A. Shelter	
A. Psychosocial	
A. Mental health	
A. Legal and/or justice	
A. Other, please specify	

Q 4.5. Would you say that the cash and voucher assistance has made it possible for you to make choices/decisions in regards to your child's safety and/or recovery from any child protection incidents? BEN / MIT

A. Yes

A. No

A. Prefer not to say.

Q 4.5.1: Can you explain in more detail why you think/feel this way?

A. Free form answer:

Section 5: Impact of cash and voucher assistance on feeling of safety and security

Q 4.5.1: Can you explain in more detail why you think/feel this way?

1. No risks

2. Some risks

3. Significant risks

A.

If answer: "2, Some risks" or "3, Significant risks," ask the following questions:

Q 5.1.1: What harm or safety risks did you or your child face?

Note: Let respondents provide you with a top-level answer. Do not probe for details of violence that may make the respondent feel uncomfortable. Suggest that they can:

- Talk to you after they have completed the survey, or after the interview is finished, or
- Talk to the second enumerator in private.
- Remind them of what service providers are available (safety and security, mental health and psychosocial support, health, justice, and reintegration).

A: Free form answer:

If yes:

Q 5.1.2: Do you want to tell me anything about what, where, when, and whom makes you feel at risk?

A. Free form answer:

Q 5.2. Did you or anyone in your household experience an incident of violence as a result of receiving the cash/voucher? RIS / NEG

A. Yes

A. No

A. Prefer not to say.

Q 5.3: Has the cash and voucher assistance made you or anyone you know who is also receiving CVA feel scared at any time, even if there was no specific risks or violent incidents? RIS/NEG

A. Yes	
A. No	Skip to 5.5
A. Prefer not to say.	Skip to 5.5
A. Free form answer:	

Q 5.4: Have you, or others who felt scared, reported these incidents of violence, risks, or fears to anyone? CSG

A. Yes	
A. No	
A. Prefer not to say.	

If yes:

If "yes," ask:

Q 5.4.1: To whom?

A. Free form answer (E.g. the Child Protection or GBV caseworker, PSEA focal point)

A. Prefer not to say.

Q 5.4.2: Was their response helpful in addressing the incident or mitigating the risk?

A. Free form answer:

A. Prefer not to say.

If no:

If "no," ask:

Q 5.4.3: Would you like to talk about your options for who you can talk to about risks and seek assistance for similar issues in the future?

A. Yes

A. No

**** If they answer yes – suggest who they can talk to after this interview or survey process. ****

For those who HAVE NOT FELT AT-RISK or EXPERIENCED INCIDENTS:

Q 5.5: Do you know what you would do/who you would report to if you did feel at-risk or experience violence? MIT

A. Yes	
A. No	

If yes:

If “yes,” ask:

Q 5.5.1: To whom?

A. Free form answer (E.g. the Child Protection or GBV caseworker, PSEA focal point)

A. Prefer not to say.

For all:

Q 5.6: Are you satisfied with your current caseworker?

Answer on a scale of 1 – 6, where 1 is “very dissatisfied” and 6 is “very satisfied.”
Offer the option not to comment (prefer not to say).

1	2	3	4	5	6

If the answer to 5.6 is 1, 2, or 3:

Q. 5.6.1. If not, why not?

A. Free form answer

Q 5.7: How satisfied are you with the organisation who provides you with CVA (if this is not your case manager)?

Answer on a scale of 1 – 6, where 1 is “very dissatisfied” and 6 is “very satisfied.”
Offer the option not to comment (prefer not to say).

1	2	3	4	5	6
A. Prefer not to say.					

If the answer to 5.7 is 1, 2, or 3:

Q. 5.7.1. If not, why not?

A. Free form answer

A. Prefer not to say.

*****If they express severe dissatisfaction in their answers to either 5.6 or 5.7, ask what actions can be taken to resolve this dissatisfaction – would they be ok with you discussing their response with the caseworker, CVA staff, etc.*****

Q 5.8: Has the cash/voucher assistance had any effect on relationships within your home/household? BEN/RIS/NEG

A. Yes

A. No

A. Prefer not to say.

If yes:

Q. 5.8.1 If yes, what effect has it had?

A. Free form answer:

A. Prefer not to say.

Q 5.9: Do you feel you will be able to cope when CVA ends? MIT

A. Yes

A. No

Q. 5.9.1 If yes, how?

A. Free form answer:

If no:

Q. 5.9.2 If no, how can we help you to prepare for the end of CVA?

A. Free form answer:

A. Prefer not to say.

Section 6: Assessment of safety management related to the use of cash and voucher assistance

Q 6.1: Do you have to do certain things to stay safe because you get cash and voucher assistance? MIT

A. Yes

A. No

If yes:

If they answer YES, ask:

Q 6.1.1: How? What do you do?

A. Free form answer

Q 6.2: Do you have a safe place to keep your cash/voucher before you spend it? MIT

A. Yes

A. No

Note additional details if given...

A. Free form answer

If yes:

If they answer YES, ask:

Q 6.3.1: Have you experienced any benefits so far from being able to save CVA? MIT

A. Free form answer

Q 6.4: Do you face any safety issues when spending the cash/voucher?

A. Yes

A. No

A. Prefer not to say.

If yes:

If they answer YES, ask:

Q 6.4.1: Where do you face safety issues?

A. Free form answer

Q 6.4.2: What safety issues do/did you face when spending the cash/voucher?

A. Free form answer

Q 6.5: Are the options [*Cash actor*] uses, safe and accessible for you to use? RIS

A. Yes

A. No

Any comments:

If no:

If they answer NO, ask:

Q 6.5.1: On a scale of 1 to 3, where 1 = the least safe, 2 = somewhat safe, and 3 = the safest, rank the following ways to receive your assistance/cash and voucher assistance in terms of safety:

	1 (least safe)	2 (somewhat safe)	3 (safest)
<i>Mobile Money</i>			
<i>Mobile Wallet</i>			
<i>ATM card</i>			
<i>Transfer through a local financial service provider e.g. Hawala network</i>			
<i>Transfers through traders</i>			
<i>Transfers into bank account</i>			
<i>Cash in hand</i>			
<i>In kind</i>			
<i>Vouchers</i>			

Q. 6.5.2: Why did you rank this way?

A. Free form answer

Section 7: Improving referrals for cash and voucher assistance as a type of child protection response

Q 7.1: Would it be better if you received the CVA in someone else's name in the future? RIS/MIT

A. Yes

A. No

Any comments about why:

Q 7.2: Would you prefer to receive CVA in a different way in the future? RIS/MIT

A. Yes

A. No

Any comments about why:

If yes:

If yes: Q 7.2.1: How would you prefer to receive the CVA support?

A. Free form answer

If yes: Q 7.2.2: Why would you prefer an alternative option?

A. Free form answer

Q 7.3: How can the [Cash actor] make the programme better for children and their families receiving cash in order to recover from a child protection incident and prevent further risk of harm? RIS/MIT

A. Free form answer

Section 8: Service providers approach and support

Q 8.1: Did you feel that the [cash actors] upheld your/your child's situation's confidentiality and dignity when they gave you the cash/voucher assistance? CSG

A. Yes

A. No

Please explain in more detail why you said yes or no:

"The next few questions may be sensitive. Your answers will not affect your eligibility to receive further assistance. You can skip any question(s) or choose to end the survey at any time. Your answers are confidential. [Insert instructions for feedback/complaints mechanisms]."

Q 8.2: Did you have to, or were you asked to, do or give anything in exchange for the CVA you received? RIS/CSG

A. Yes

Please explain in more detail if you said yes:

A. No

If yes:

If yes: Q 8.2.1: Who made or asked you to do or give something in exchange for receiving your cash/voucher?

A. Free form answer

Q 8.3: Have you discussed a safety plan for after case management and when CVA stops with your case manager? MIT

A. Yes

A. No

Section 9: Closing

“Thank you for your time. Your answers will help improve the case management and ensure that cash and voucher assistance keeps participants as safe as possible.

Is there anything else you wish to discuss with me? [Discuss]

Do you have any final questions?

Your responses will remain confidential.

If you have any concerns that you want to share after this interview, or if there are any issues with the way we carried out this interview, you may contact the following person:

- *Name, Organisation, Telephone number, E-mail address*

Thank you and good-bye.”



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