

# 3 THINGS TO KNOW about...



## Integrated Cash and Voucher Assistance (CVA) and Child Protection (CP) during the COVID-19 Pandemic

### 1. WHY SHOULD WE CONSIDER INTEGRATING CVA AND CP DURING COVID-19?

Economic poverty is one of the key drivers of child protection risks. In order to meet basic needs, very poor households may be forced to resort to negative/harmful coping strategies, to reduce household expenditures (ex: school drop out, child marriage) and increase household income (child labor, sexual exploitation or forced recruitment). Covid-19 is further exacerbating economic vulnerability and associated risks by preventing individuals from generating income (due to lockdown or quarantine), increasing debt at household level, depleting their assets, and/or incapacitating income generators.

- The pandemic is anticipated to increase child protection (CP) risks such as violence, abuse, neglect and exploitation due to:
  - An overall breakdown in the protective environment, including caregivers falling ill or dying
  - Increased tensions and psychosocial distress caused by financial strain, social isolation, grief and/or overcrowding
  - Increased exposure to violence within the household (most violence and abuse happens at household level) or outside (ex: children living on the streets).
  - Social isolation, which prevents vulnerable populations from seeking or knowing about available support coupled with reduced remote and in-person services
  - Lack of adapted services to provide safe and appropriate care for Unaccompanied and Separated Children (UASC)
- Integrated CVA and CP programming can help mitigate or address part of these risks by:
  - Enabling families to meet their basic needs so that they don't have to resort to coping strategies that may place children at risk
  - Improving family dynamics and wellbeing by alleviating financial pressure points and providing psychosocial support. This can reduce tensions and associated risks for children.
  - Providing individual support to caregivers to utilise resources that promote their child's best interest
  - Identifying and responding to children and caregivers experiencing or at risk of violence, exploitation, abuse and neglect

## 2. WHAT TYPE OF CVA & CP PROGRAMMING CAN BE DONE DURING COVID-19?

### DURING QUARANTINE / MOVEMENT RESTRICTIONS:

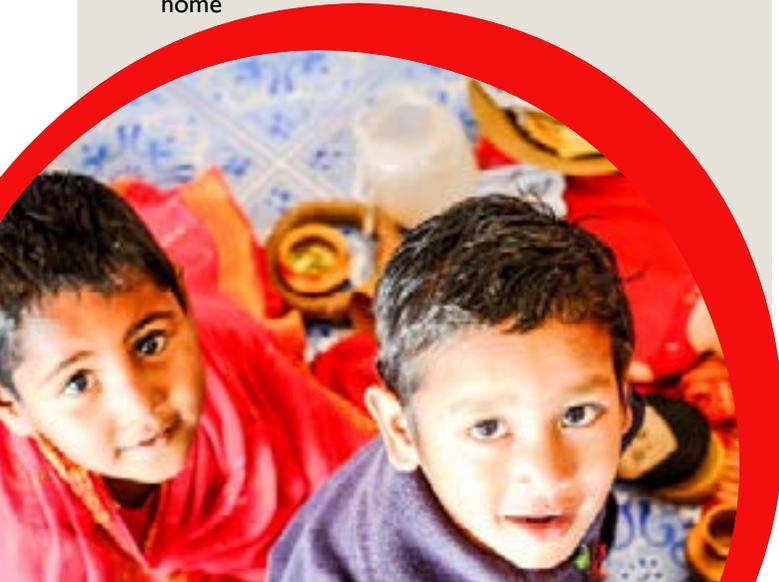
Immediate financial assistance is required to substitute income loss and prevent the development of certain CP risks. Adapted and remote psychosocial support is needed to improve the environment of children and their caregivers; and case management is an essential service to address the most severe cases. Consider:

- Unconditional punctual cash/voucher transfers equivalent to the minimum expenditures a household has to make to survive in the context of Covid-19 (purchase food, pay rent, hygiene products). These transfers could target new households and/or (for existing CVA programs) top up existing transfer amounts to cover additional costs triggered by Covid-19 (increased costs of food/NFI; increase in expenditures in hygiene products and water consumption; payment of health or transportation services). Consider cumulating two monthly transfers into one if no additional funding is available to provide families with additional cashflow in the short term.
- Provide case management for children and families that meet case management eligibility criteria – remotely where needed, and where possible/safe continue to follow up with high risk cases in-person
- Sensitization and child-friendly messaging on available services (i.e. PSS services, health, legal or other SC activities) and how to access them.
- Remote psychosocial support to children and caregivers and provision of guidance on how to run psychosocial support and recreational activities in the home

### AFTER QUARANTINE / MOVEMENT RESTRICTIONS

Households run the risk of increased debt and loss of income, therefore forcing families to resort to harmful coping strategies. Consider:

- Unconditional monthly CVA covering a portion of households' basic needs for a period of time that is sufficient for them to find new sources of income and repay their debt (min. 3 to 6 months). In cases where there is a loss of the primary income generator or caregiver, longer and higher assistance might be needed. Whenever possible, [linkages](#) with [Social Protection systems](#) should be made.
- For the most extreme cases (i.e. child forced marriage or recruitment), CVA can be tied to specific soft conditionality identified through case management linked to the Best Interest of the Child (i.e. school attendance)
- Re-establish affected child protection services such as case management, psychosocial support activities, parenting groups, etc.
- Support/ establish community-based child protection mechanisms to monitor child protection concerns and identify and refer cases.
- Create/reopen mobile/static child friendly spaces to provide psychosocial support to children.



### 3. HOW CAN WE INTEGRATE CVA AND CP?

**1** Create a project-specific **risk matrix** to identify key risks to children, caregivers and the organization as well as how to mitigate them. Consider any unintended negative consequences of distributing cash to child protection cases (e.g. encouraging family separation if targeting foster families)

**2** Consider **CVA** and **CP risks** (including identifying key drivers of risks) when conducting **needs assessments** in order to **inform the design and feasibility** of the program. If CVA is linked specifically to CP case management, during the individual assessment, consider economic drivers of CP risks (i.e. child labor, recruitment or marriage to reduce financial burden at household level).

**3** Ensure both CVA and CP teams are **trained** on **Child Safeguarding** and **Psychological First Aid**. CVA staffs need to be trained on identification and safe referral of CP concerns. CP staffs need to be trained on the CVA program's objective, eligibility criteria, frequency/duration of assistance and distribution mechanism so they can assess the adequacy of the program to support each specific case. Only refer CP cases for CVA cases where CP risks will be reduced by the provision of CVA. Ensure that child headed households can access case management and CVA. For UASC ensure they can access the benefits of CVA, preferably through family-based care. Where CVA is being provided to UASC directly, it is recommended that this be done in conjunction with CP actors on the ground.

**4 Targeting:** Integrate beneficiaries identified through CP into broader CVA programs targeting non-CP specific cases (ex: economically vulnerable households too) to avoid stigma and prevent HH from potentially resorting to harmful strategies to meet targeting criteria. In order to do so, set up **referral pathways** between the CP and CVA teams, to ensure that 1) CVA colleagues are aware of how to identify and refer cases to CP; and 2) identified CP cases can be considered for CVA.

- Only refer CP cases for CVA cases where CP risks will be reduced by the provision of CVA.
- Ensure that child headed households can access case management and CVA. For UASC ensure they can access the benefits of CVA, preferably through family-based care. Where CVA is being provided to UASC directly, it is recommended that this be done in conjunction with CP actors on the ground.

**5 Calculating** the cash/voucher transfer amount: First check if there are harmonized Minimum Expenditure Baskets (MEB) in country (through the Cash Working Group or Food Security cluster) or consider reference values (ex: poverty lines, government recommended amounts) used by other CVA actors. If there aren't, you will need to **develop an MEB** and collect prices for each specific goods and services. **During** quarantine/movement restrictions and at least during the first month following the end of lockdown, it is recommended to transfer 100% of the MEB value to households. **After** quarantine/movement restrictions have ended, when economic activities resume and households start generating income again, you can consider transferring only a portion of the overall value of the MEB (e.g. 70% during the first 3 months; 50% the following 3 months), keeping in mind the type of livelihoods of the most vulnerable households (ex: income generating activities like street vending might continue to be prohibited for various months). Consider additional costs associated to distance learning (ex: internet/mobile data) and to the purchase of school supplies and fees during the **return to school** period when you design your MEB and transfers plans. This can help partly mitigating school drop out and associated CP risks. Also take into account additional costs such as access to services related to specific protection risks (i.e legal and health services/transportation to).

**6 Register and Distribute** CVA collecting the strict minimum **beneficiary data** remotely (e.g. **through phones**) and using, whenever possible, e-payment solutions to limit physical contact (e.g.: prepaid cards, mobile payments). **Organize physical distributions** in coordination with the CP team and conduct them in a phased manner, with a limited number of people, and ensure **minimum hygiene and protective** standards are applied. If appropriate (stigma, security risks, culturally), consider house-to-house distribution.

**7 Monitor** the impact of the program by including both basic needs and CP indicators into baselines and Post-Distribution Monitoring. Prices of services and items included in the MEB also need to be frequently **monitored** in order to ensure households are still able to meet their basic needs with the amount of money that we give to them. Whenever possible, rely on secondary sources or conduct the data collection remotely.

WHERE CAN I FIND ADDITIONAL RESOURCES ON...	INTERNAL (SC)	EXTERNAL
Case management during Covid-19	<a href="#">Here</a>	<a href="#">See Table 1 here</a>
Impact of Covid-19 on Child Protection Risks		<a href="#">Here</a> , <a href="#">Here</a>
Example of impact of previous pandemics on CP		<a href="#">Here</a>
Examples of Integrated CVA and CP program		<a href="#">Here</a> , <a href="#">Here</a>
Research and evidence on CVA and CP programs		<a href="#">Here</a> , <a href="#">Here</a> , <a href="#">Here</a>
Psychological First Aid during Covid-19		<a href="#">Here</a> <a href="#">Here</a> , <a href="#">sessions 7, 8 and 9</a>
CVA and CP E-learning	<a href="#">Here</a>	<a href="#">Here</a>
Guidelines CP Program adaptation under COVID-19	<a href="#">Here</a>	
Children and Alternative Care during COVID		<a href="#">Here</a>
Child Safeguarding in CVA		<a href="#">Here</a> , <a href="#">Here</a>
Cash Feasibility, Risks Assessments and contracting during COVID	<a href="#">Here</a> , <a href="#">p.11</a> , <a href="#">Here</a> , <a href="#">p.53</a>	<a href="#">Here</a> , <a href="#">Here</a> , <a href="#">Here</a>
Calculating CVA transfers amounts	<a href="#">Here</a> <a href="#">p.19</a> , <a href="#">Here</a> <a href="#">p.35</a>	<a href="#">Here</a>
Targeting	<a href="#">Here</a> , <a href="#">p.35</a> , <a href="#">38</a> , <a href="#">41</a> , <a href="#">45</a> , <a href="#">48</a> , <a href="#">Here</a> , <a href="#">p.20</a>	<a href="#">Here</a>
Registration and Distribution of CVA	<a href="#">Here</a> , <a href="#">p.21</a> , <a href="#">Here</a> <a href="#">p.53</a>	<a href="#">Here</a> , <a href="#">Here</a>
MEAL during COVID-19	<a href="#">Here</a> <a href="#">p.54</a> , <a href="#">47</a> <a href="#">Here</a> <a href="#">p.24</a>	<a href="#">Here</a> , <a href="#">Here</a> , <a href="#">Here</a>



**More questions?** please contact Julia Grasset for CVA ([jgrasset@savechildren.org](mailto:jgrasset@savechildren.org)) and Lauren Murray for CP ([l.murray@savethechildren.org.uk](mailto:l.murray@savethechildren.org.uk))