Background

In August 2022, the Cash for Protection Task Force for the Ukraine regional response (see box below on C4PTF role) held a series of small workshops to identify key indicators to measure the impact of CVA on Protection outcomes. The overall objective is to increase the use by cash for/and protection implementers of harmonised indicators, to increase evidence building within the response. **The purpose of this note is to provide a set of recommended indicators** for humanitarian actors working on the Ukraine regional response in Ukraine, Poland, Romania, and Moldova, when using CVA combined with Protection activities. It aims to:

➡ **Contextualize global guidance** and agree on a common set of indicators to streamline reporting and provide more consistent and comparable field-level monitoring.

➡ **Provide a monitoring checklist** to support teams in identifying the main areas they should be monitoring when MPC is used (to meet basic needs or protection outcomes, or both).

Why Cash for Protection?

Mainstreaming protection in cash and voucher assistance (CVA) is critical to the well-being and protection of vulnerable populations, ensuring adherence of rights and accountability to affected populations. On the other hand, within protection programming, CVA can be a flexible and cost-effective mechanism for delivery of assistance to help vulnerable populations meet their most pressing needs and reduce negative coping mechanisms. When used as part of comprehensive protection interventions, CVA has also shown the potential to contribute to specific protection outcomes such as GBV prevention and response, child protection, access to documentation, recovery of victims of explosive ordnance and furthering access to livelihood opportunities.

It is therefore important to increase the uptake of harmonized indicators in order to improve programming, better measure these potential outcomes and increase evidence generation at the regional level.

➡ LINK TO WEBPAGE

Role of the C4PTF

➡ Provide technical guidance on the design of CVA & Protection assessments and activities and analysis of findings, including through the dissemination of tools and key resources

➡ Offer a space for collaboration and discussion to address key CVA and Protection challenges that emerge in the region, ensuring sharing of best practices and lessons learnt.

➡ Adapt global guidance and tools to regional context
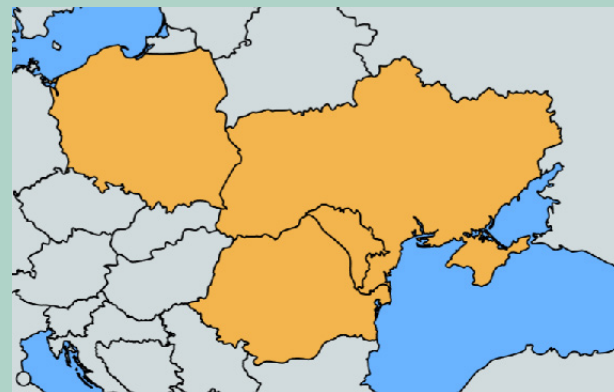
How to read this note

Indicators have been regrouped under protection subcategories, in order to facilitate the selection of most appropriate indicators depending on the context and existing protection risks. **Some indicators (red arrow) are designed for process monitoring**, others for **outcome (blue arrow) monitoring**. For some indicators, members of the Task Force have also suggested examples of questions to be integrated directly into post-distribution monitoring (PDM). While most questions should be included into PDM, some will be more appropriate to be conducted directly with protection actors (ex: case managers)

This note will be updated on a regular basis. To provide feedbacks, please contact Antoine Sciot (asciot@gmail.com) Please kindly keep the task force co-leads updated of which indicators your organisation is monitoring, in order to inform planning of future evidence building.

GENERAL CVA & PROTECTION INDICATORS

➡️ % of individuals who are receiving direct CVA who are accessing support services (case management, counselling, medical, legal, etc.), disaggregated by adults (>= 18) and UASC

➡️ Average monthly protection-related expenses

➡️ # of protection programs where CVA is integrated into Protection standard operating procedures (SOPs) and included in referral pathways

➡️ # and/or % of households who report improvement in household relationships

Example of how to measure this outcome: In general, do you think the safety of you and your child/ children is better or worse than before receiving cash assistance?

CVA & CHILD PROTECTION INDICATORS

➡️ # of children in the agency's operational areas removed from residential care and reintegrated into a family placement receiving CVA support.

➡️ % of households reporting child separation from caregiver (including because of work-related migration) [due to financial vulnerability

Example of how to measure this outcome: Do you have the same number of children living with you now as you did before cash assistance began? If yes, did the CVA make it possible for you to keep all of children with you? If NO do you have more or less children living with you now?

GBV & CVA INDICATORS

➡ % of GBV case management clients / CVA recipients who report a reduction in IPV

➡ # and/or % of GBV case management clients / CVA recipients who have reduced coping strategies (note: this question should be monitored with case manager, not included in a PDM)

➡ # and/or % of identified SGBV survivors who required medical assistance and report being able to access it

➡ % of women who reported feeling safe while accessing CVA (retrieving and keepign the cash)

➡ % of women reporting shared decision making on cash transfer use

PWDS & CVA INDICATORS

➡ % of people with disabilities receiving CVA who report being able to meet their basic and specific needs

MHPSS & CVA INDICATORS

➡ % of respondents reported feeling less stressed and worried after receiving CVA

Example of question: (Since you received cash assistance, do you feel more or less stressed overall?)

Psychosocial well-being: The Human Insecurity Scale (HIS)

Fear for Own Life	*Extent to which the respondent fears for their own life*
Fear for Family	*Extent to which the respondent fears for their family*
Providing for Family	*Extent to which the respondent fears they will not be able to provide their family with daily life necessities*
Loss of Income	*Extent to which the respondent worries about losing their source of income or the source of income for their family*
Fear of Losing Home	*Extent to which the respondent fears losing their home*

MINE ACTION & CVA INDICATORS

➡ # and/or % of land mines victims targeted for CVA

➡ # and/or % of land mines victims who report being able to access adequate medical and rehabilitation services

USEFUL RESOURCES & GUIDANCE

→ CASH FOR PROTECTION WEBSITE

Global protection cluster website

→ C4PTF MONTHLY FACTSHEETS

Monthly factsheets created by the Cash 4 Protection Task Force for the Ukraine regional response.

→ CALP MPC OUTCOME GUIDANCE

This document presents a core set of indicators that can serve as a short menu from which donors and implementers can choose

→ REVIEW OF MPC INDICATORS

Summary report of feedack from the testing phase of the MPC outcome indicators

→ GBV MONITORING TOOLKIT - UNFPA

GBV-CVA Toolkit (GBV AoR / UNFPA) to support identifying and mitigating potential GBV risk in Cash programming. Includes a PDM tool.

→ GBV MONITORING TOOLKIT - WRC

Instructs cash practitioners to adapt CBI monitoring systems to reflect protection risks that are identified during the assessment phase.

→ StC CP & CVA MEAL TOOLKIT

It aims to assess, address and monitor Direct and indirect impact on CP concern, and CP benefits associated with the introduction of CVA.

→ MPCA MEAL TOOLKIT

The multi-agency Toolkit includes tools and KoBo survey templates for monitoring and evaluating MPC programs.

→ CALP GLOSSARY (PDF)

The CaLP Glossary has been designed to facilitate a common understanding and harmonised use of terms and definitions around CVA and MPCA.

CVA & CHILD PROTECTION

An overview of Save the Children's CVA and CP programming, as well as the emerging evidence on how CVA can contribute to CP outcomes.

GENERAL REMARKS CONCERNING THE CHOICE OF INDICATORS & QUESTIONS

Formulating the indicators and questions

Indicators should be designed to be S.M.A.R.T:

Specific

Measurable

Achievable

Relevant

Time-bound: Always specify a timeframe and do not give a choice (eg: during the last 30 days ~~or~~ three months). Remain as much consistent as possible throughout the questionnaire.

Aligned with global standards, and particularly with SC indicators related to CVA CP questions!

Formulating the questions:

➡ **Questions should be phrased as neutrally as possible**, and not be "leading":

✖ Instead of: ~~Has the CVA had a positive effect in the relationships between children and adults in your household? No/ Yes/ don't know~~

✔ Use: Has the CVA affected relationship between children and adults in your household?
No change / a bit better / much better/ a bit worse/ much worse/ prefer not to say

➡ **Use simple, clear and unequivoqual terms**

➡ **Make sure that enumerators understand why they are asking each question** (what is the information that is being sought for).

Use hints in kobo to add a small definition in the questionnaire for the respondents to hear as well (for example, what do we mean by "safety of your child")

Before data collection, systematically do mock questionnaires with enumerators to make sure that questions are correctly understood. After the first day of field testing, take an hour to discuss with enumerators about any difficulties encountered with the questionnaire. Encourage feedbacks.

After one or two days of field testing, MEAL officers must **extract all data** from kobo and **pre-analyze answers** to make sure that no misunderstanding remain for the rest of the survey. Take action accordingly!

➡ **Do not use overlapping categories** in the choices provided

➡ Make sure to clean up and analyze answers when using open ended Q°

Reporting on the indicators and questions:

The **wording** of graphs, figures and text **should accurately reflect** the questions asked to the respondent.

Make sure to include:

The subset (e.g. do you report on all respondents, or on dissatisfied respondents only?)
The timeline
The unit of measurement (on behalf of whom the respondent is replying? Him/herself, on behalf of his HH, his/her community?