



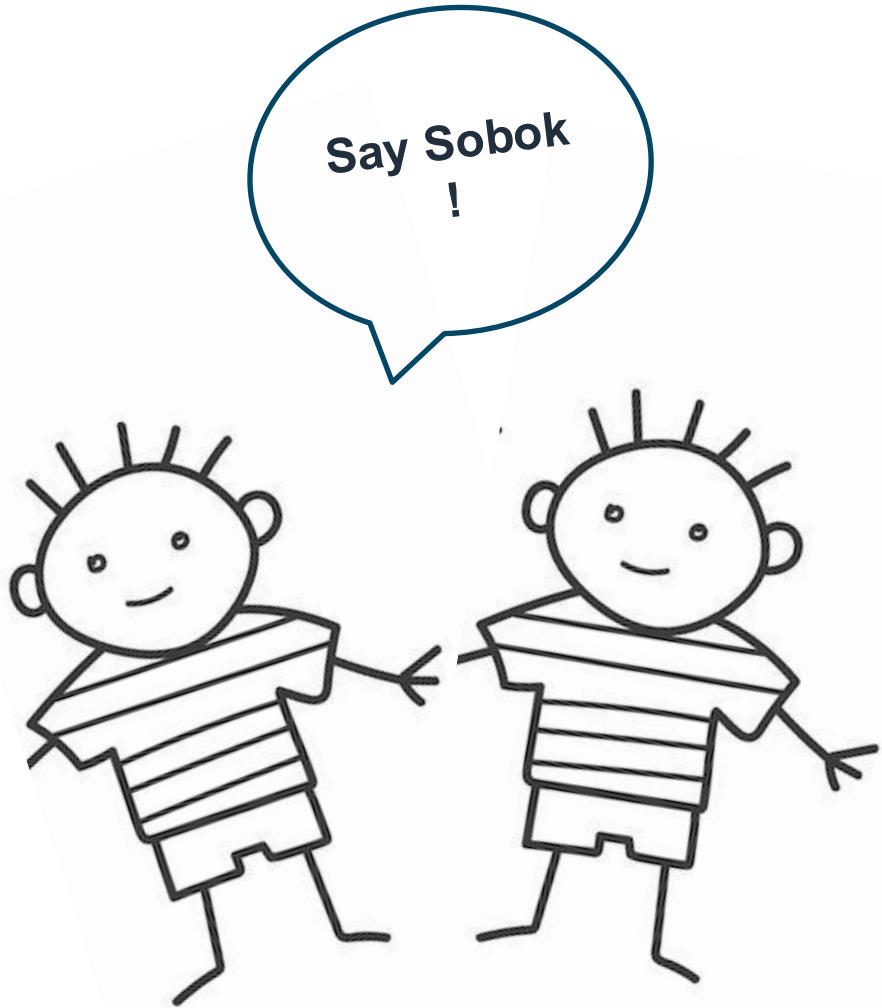
**Training Session**  
**Cash & Voucher Assistance and Child Protection**

**Cambodia, Phnom Penh**

**30th of January 2024**

# Your facilitator

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- Augustin Thomas
  - Global Humanitarian Specialist – CVA, Center’s Humanitarian Technical Team, Save the Children International
- Channy Sar
  - Child Protection and Child Rights Governance Specialist, Save the Children Cambodia

**Session  
1**

**WELCOME AND EXPECTATIONS**

# Expectations

What  
do you  
**EXPECT**



# Learning Objectives

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**By the end of this learning module you should be able to...**

- Identify age and gender-specific CP and child safeguarding risks related to CVA and various delivery mechanisms
- Identify strategies to mitigate risks to children and their families potentially caused by CVA
- Make informed decisions about the appropriateness of using CVA for CP outcomes

# Timetable

Day 1			Day 2		
Start	End		Start	End	
9:00	9:15	Arrival	9:00	9:15	Welcome
9:15	9:45	Welcome and Expectations	9:15	9:45	Recap of Day 1
9:45	10:15	Key Terminology and Definitions	9:45	10:45	Risk Mitigation Strategies
10:15	10:45	CP and Safeguarding Risks			
10:45	11:00	<b>BREAK</b>	10:45	11:00	<b>BREAK</b>
11:00	12:00	CVA and CP Theory of Change	11:00	12:00	Determining transfer values
12:00	13:00	<b>LUNCH</b>	12:00	13:00	<b>LUNCH</b>
13:00	13:45	CVA in CP Case Management	13:00	13:45	CVA for CP Referral Toolkit Presentation
13:45	14:45	Targeting Approaches and Case Management	13:45	14:45	
14:45	15:00	<b>BREAK</b>	14:45	15:00	<b>BREAK</b>
15:15	16:00	Children as direct CVA recipients	15:15	16:00	Phasing out Assistance
16:00	17:00	Money Matters Toolkit Presentation	16:00	17:00	Parking Lot and Closure
17:00	17:15	Closing	17:00	17:15	

# Housekeeping



**Session  
2**

**DEFINITIONS AND KEY  
CONCEPTS  
CVA AND CP**



# Learning objectives



## By the end of this session participants will...

- Be able to define key terms relating to cash and voucher assistance and child protection
- Understand the rationale for using CVA

# DEFINITIONS MINGLE



Why use  
CVA?

Myth-busting

Do you agree or disagree with the  
following statements?



# Pre-conditions for CVA

<b>Beneficiary needs</b>	<b>Community and political acceptance</b>
<ul style="list-style-type: none"><li>- Cash already in use by target population</li><li>- People cannot meet their basic food and non-food needs</li><li>- Protection-related risks will not be exacerbated by CVA</li></ul>	<ul style="list-style-type: none"><li>- Community awareness and acceptance of CVA</li><li>- Political awareness and acceptance of CVA</li></ul>
<b>Operational conditions</b>	<b>Market conditions</b>
<ul style="list-style-type: none"><li>- CVA can be delivered safely and effectively</li><li>- Functional and reliable payment systems</li><li>- Programmatic expertise and operational capacity</li></ul>	<ul style="list-style-type: none"><li>- Functioning markets, regularly supplied to meet demand</li><li>- Items needed are locally available</li><li>- Markets are accessible (physical access, safety)</li></ul>

# Key messages



## Why use CVA?

If certain pre-conditions are met (beneficiary needs, community and political acceptance, operational conditions and market conditions), then CVA can have advantages:

- Alternative to in-kind assistance
- Market-based solution
- Can help maintain the dignity of recipients
- Empower recipients
- One of the most effective and cost-efficient methods of delivering assistance

# Session 4

**What causes child protection and safeguarding risks to arise?**

# Learning objectives



## By the end of this session participants will...

- Understand and be able to identify the links between economic vulnerability and CP risks
- Understand which CP risks can / cannot be addressed through CVA

# Causes and contributing factors to child protection and safeguarding risks

Child protection risks

Psychosocial distress, trauma, mental health concerns

Physical violence

Neglect

Exposure to danger

Sexual violence, child marriage

Engagement in hazardous / worst forms of child labour

Sexual exploitation in order to access food or services

Food scarcity

No legal rights to work

Reduced livelihood opportunities

Disruption to services

Disability

Social norms – gender inequality

Separation from family

Caregiver stress

Factors that contribute to risk

What can CVA address?



# What causes child protection risks?

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- **Form 3 groups**

- (1) child trafficking, (2) child labour and (3) family separation and alternative care



- ? What are the causes and contributing factors for this child protection risk? (5 minutes)
- ? Which of these causes /contributing factors is linked to economic issues/ the market? (5 minutes)

# Key messages

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- Diverse children experience diverse risks.
- You need to consider the individual situation of a child in order to understand the risks they may face.
- Some, but not all, child protection risks are linked to economic factors.
- When we understand risks and causes we can start to establish if CVA can address these risks.



**COFFEE BREAK – 15 MNS**

**Session  
5**

**THEORY OF CHANGE**

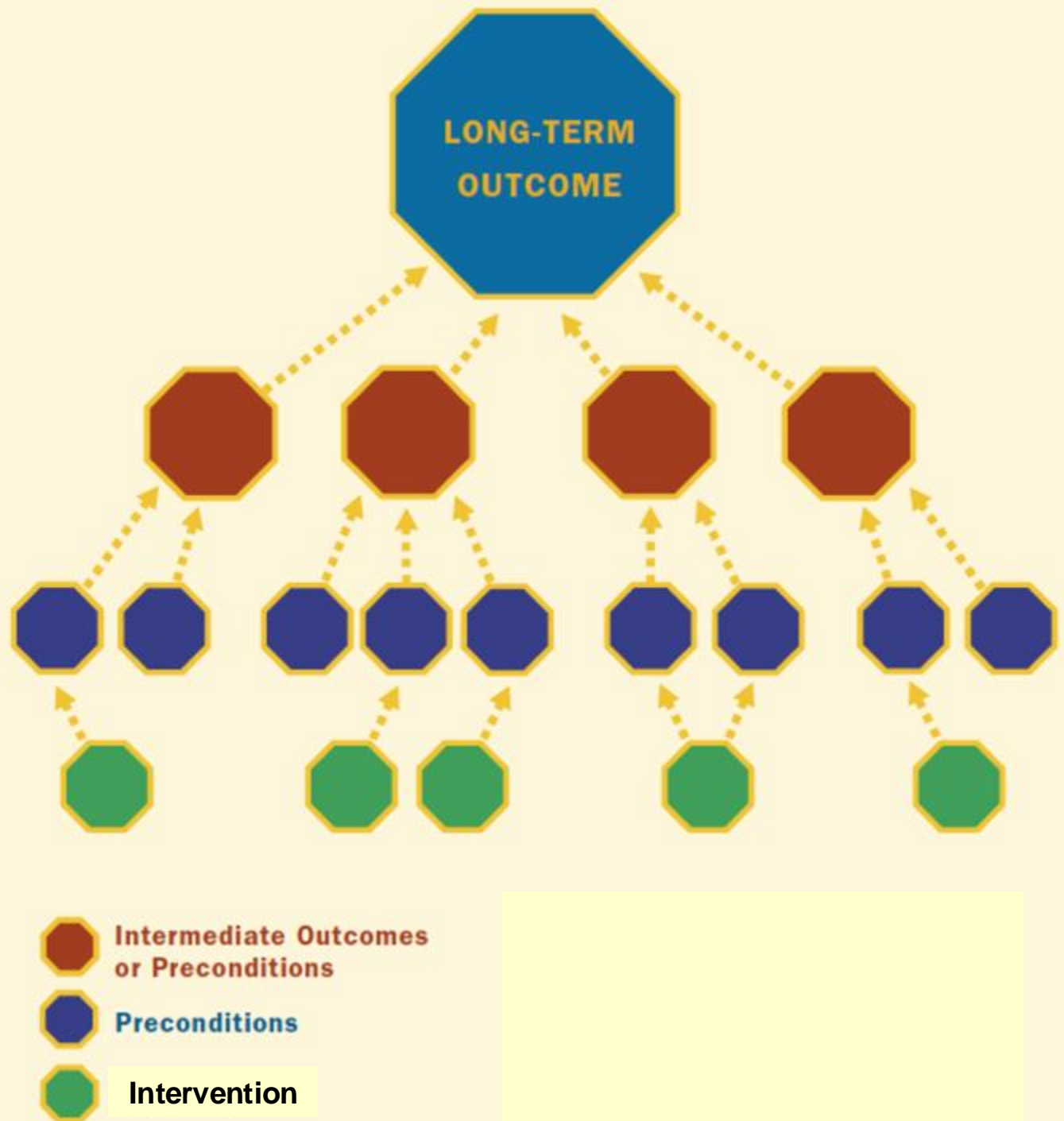
# Theory of change

***“A theory of change is an explicitly documented view of how change is thought to occur”***

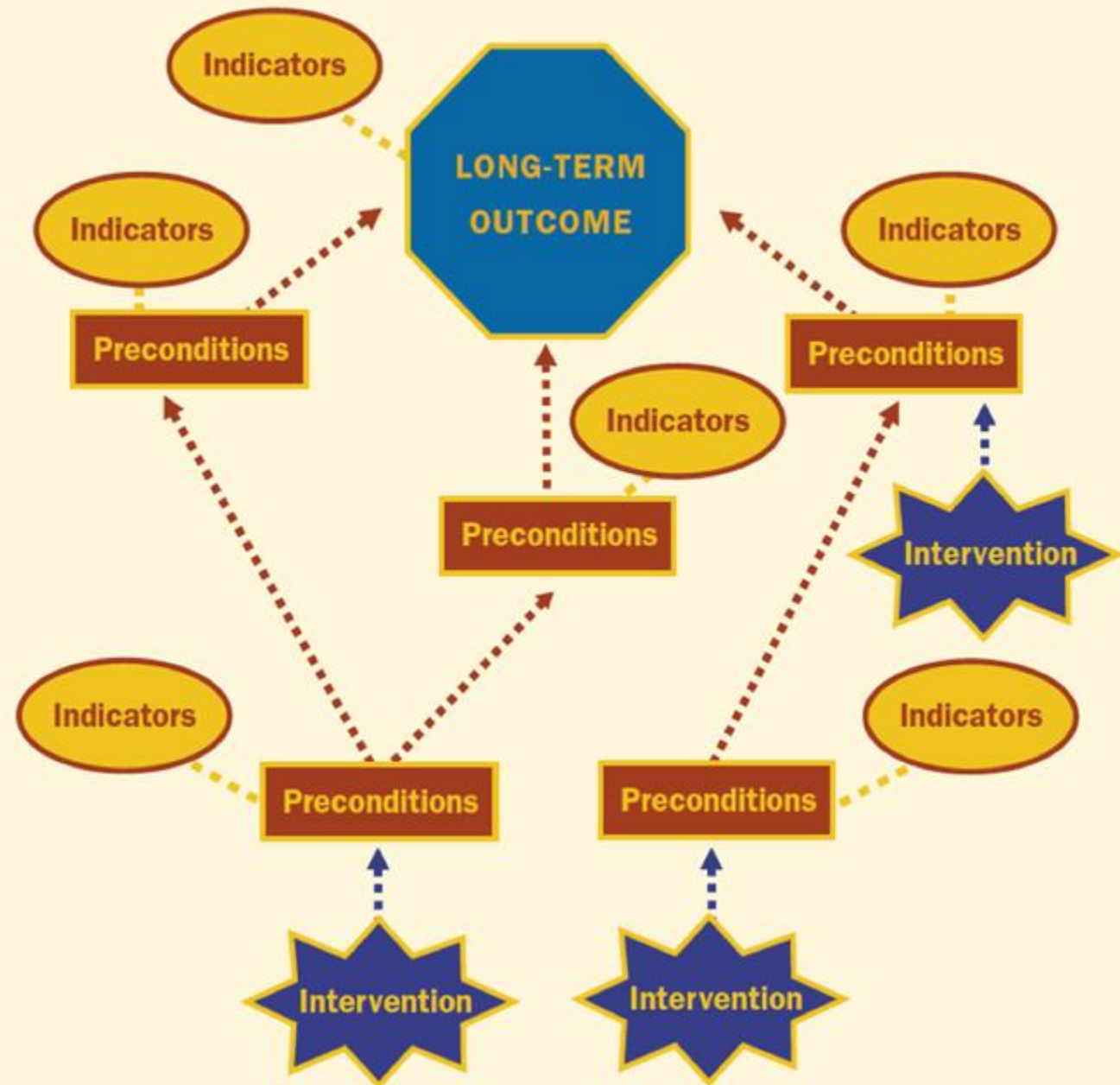
## **A theory of change:**

- specifies how change should occur and why
- helps to understand the complexity of a change process in its specific context
- is an ongoing process of reflection
- clarifies the contribution of actors to change
- helps to plan, monitor and evaluate
- is often diagrammed in graphic form

# What is a theory of change?



# Theory of change



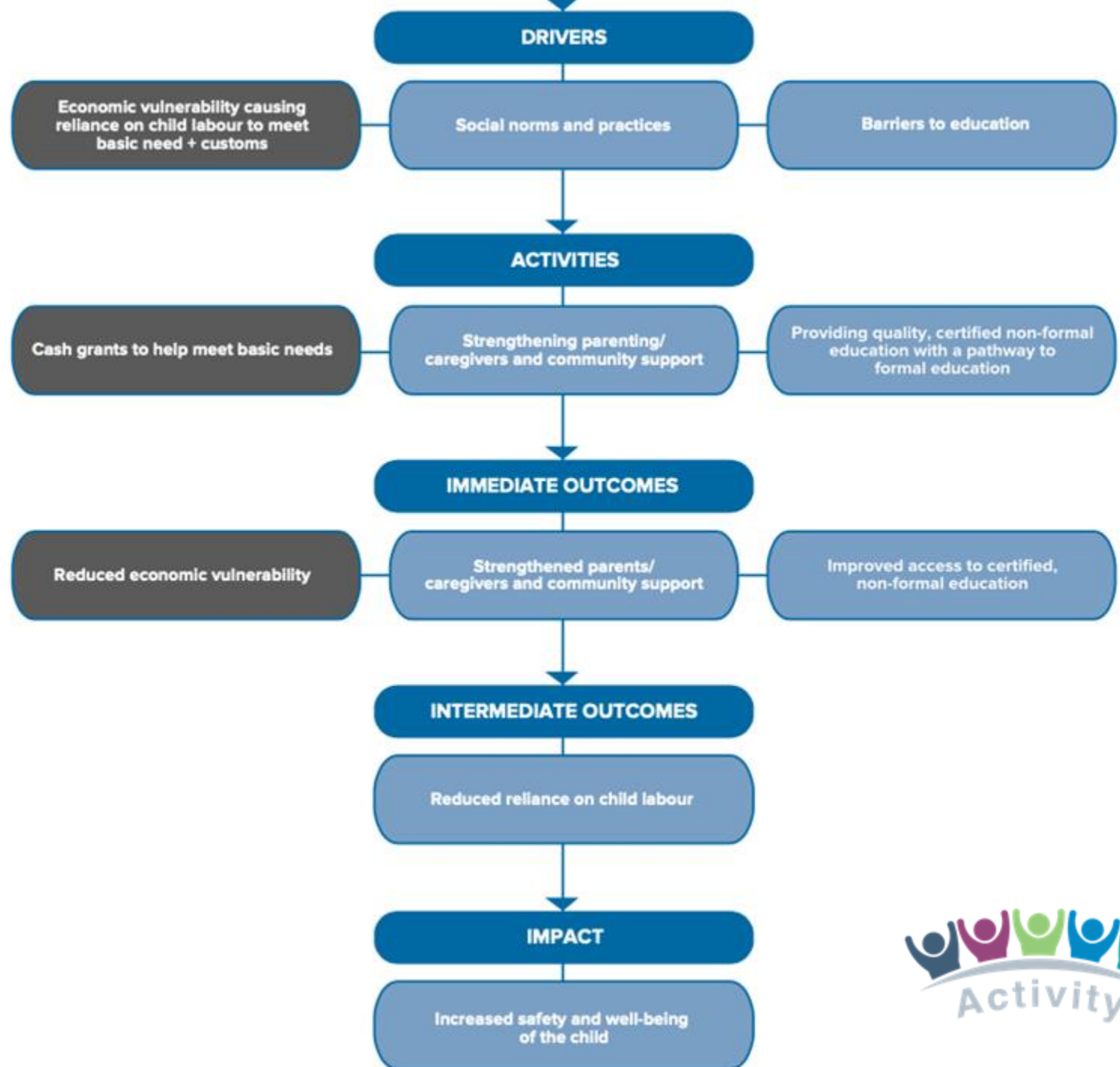
# Violence Against Children





# Theory of Change

## Risk of Child Labor





# Activity: theory of change for violence against children

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## 20 minutes group work - use post-it notes

- Identify the long-term outcome, for ex. “*children are safe from violence*”
- What are the necessary and sufficient pre-conditions in order to achieve the long-term goal?
  - Brainstorm the first row of the map
  - Sort / narrow down to 4-6 most important pre-conditions
  - Continue with ‘backwards mapping’ to identify pre-conditions below
- Identify interventions (CVA or other) that could contribute to the pre-conditions

## Key messages



# CVA and CP: Theory of change

- **CVA can be used to address some drivers of child protection risks, but not all**, for example CVA can:
  - Mitigate children's involvement in harmful coping strategies to meet household's basic needs;
  - Facilitate children's access to services, such as costs of transportation, health services, legal support, psychosocial support, education, etc.
  - Improve the household environment for children by alleviating financial pressure.
- **Integrated programming:** ideally combine CVA with other interventions for holistic approach to reducing CP risks, e.g. social work, behaviour change communication, improving access to basic services, legal and policy framework, etc.

**LUNCH BREAK – 60 MNS**

**Session  
11**

**CVA in CP case management**

## Learning objectives



## By the end of this session participants will...

- Know the six stages of the case management process
- Be able to identify how case management and CVA can complement each other

# What is case management?

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**The process of helping individual children and their families through direct social-work-type support.**

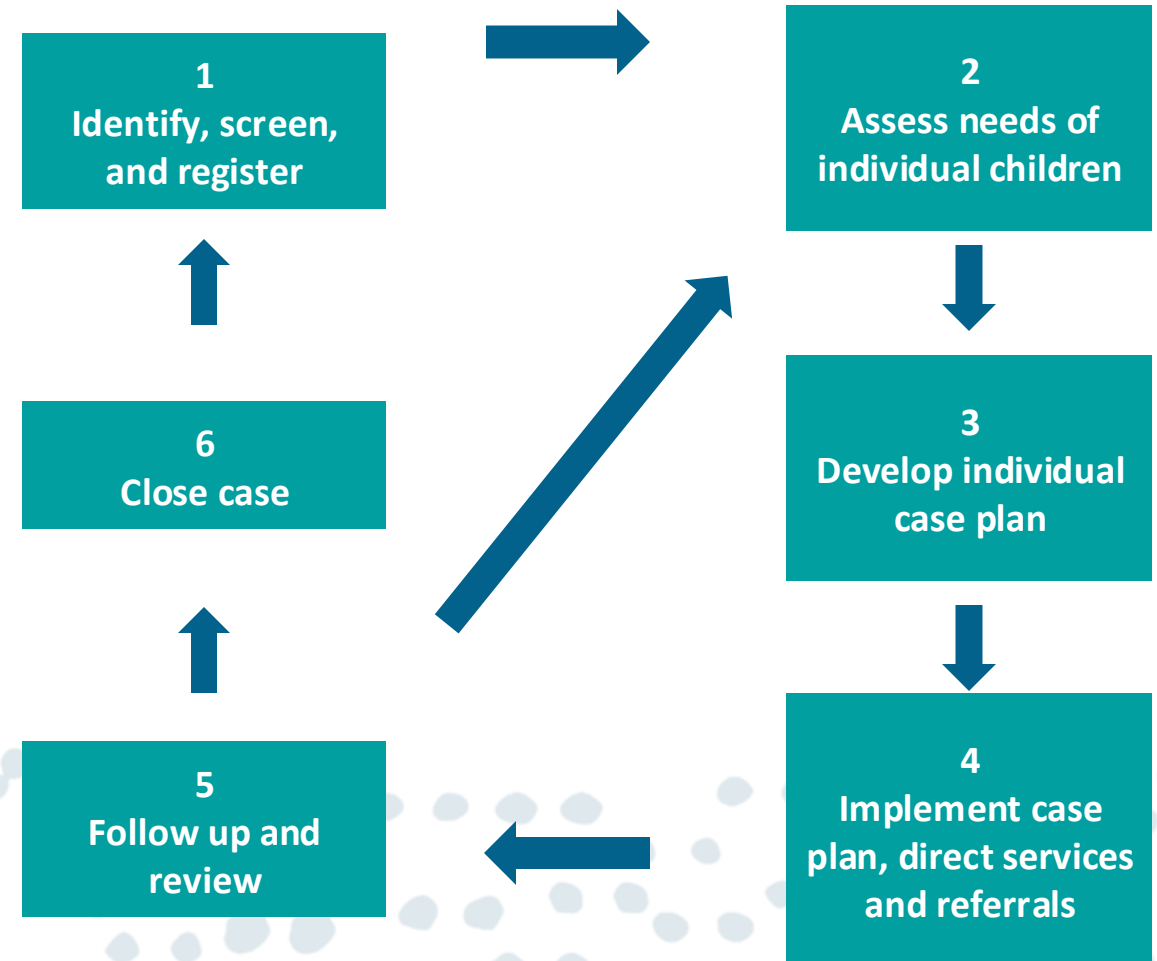
**Meeting their needs in an appropriate, systematic and timely manner, through direct support and/or referrals.**



# How does CVA fit with case management?

## In plenary...

What actions relating to CVA design and delivery could you integrate into the stage of the case management process that you have been assigned?





## Key messages



## Case management and CVA

- Case management is one of the main child protection prevention and response interventions.
- Case management functions can complement CVA well.
- Information sharing between case managers and those designing CVA can ensure safe programme design.

**Session  
12**

**TARGETING APPROACHES  
AND CASE MANAGEMENT**

# Learning objectives



## By the end of this session participants will...

- Be able to make informed decisions about whether it is appropriate to use CVA for children / families, within CP programmes;
- Be able to use different targeting approaches
- Be able to use referral systems to link CP case management to the delivery of CVA
- Be able to adapt existing targeting approaches to ensure they are more child friendly.

# What is targeting?

## Targeting definition:

“Targeting is the process by which populations are selected for assistance, informed by needs assessments and programme objectives.

A targeting system comprises mechanisms to define target groups, targeting methods and eligibility criteria; identify eligible communities, households and individuals; and monitor the outcomes of targeting decisions.”

Source: WFP Targeting and Prioritisation Operational Guidance Note (2021)

## Targeting approaches

### Various approaches can be used in combination:

- **Community-based targeting**
- **Geographic targeting** (living in a certain area)
- **Administrative targeting**, being a refugee / displaced, or based on **demographic data** (age, family size)
- **Poverty/socio-economic targeting** (based on socio-economic data such as income, expenditure, or proxy means tests)
- **Case-by-case** (identified by social workers through case management)

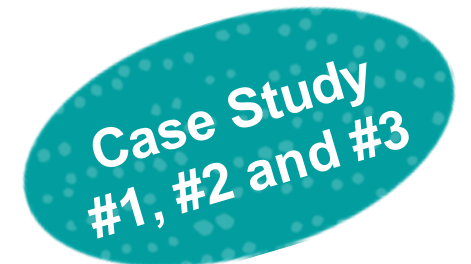
# Targeting approaches



## Questions for groupwork (1)

- Should this child / family receive CVA from your humanitarian organisation? Why?
- How, in practice, could this child/family be identified/selected in order to receive CVA?
- How can CP staff and CVA staff work together to identify children/households at risk?
- What other questions do you have?

Share your thoughts in plenary



# Targeting and economic vulnerability

## Children that commonly experience economic vulnerability:

Only social workers or staff trained on CP should be responsible for identifying cases that meet the below criteria:

- **Unaccompanied** children;
- Screened **foster families** or families caring for **separated** children that are in need of assistance to enable them to care for children;
- **Child-headed** households;
- Children at risk of commercial **sexual exploitation** and/or **trafficking**;
- Households where children are engaging in, or at risk of, harmful coping mechanisms such as **child labour** or **child marriage**;
- Households with a **high rate of household tension** linked to economic vulnerability;
- Households where women and/or children experience **domestic violence and are unable to move** out due to economic issues;
- Households with children with **disabilities, chronic illnesses** or other **specific needs**

# Example of 3-step targeting approach

- 1. Community-based targeting** (with agreed upon criteria, such as households lacking labour capacity, 3 or more children, elderly, etc)
- 2. Household socio-economic survey** (verification of households selected by the community)
- 3. Social workers identify children at risk**, on a rolling basis, who are referred onto CVA programme

*In this example, which eligibility criteria should be communicated, which should not?*

**Targeting  
approaches**

**Example**



# Linking CVA and CP

## Referral mechanisms / pathways

- **For CP staff**, in collaboration with cash focal points:
  - **Identify individual cases** (through case management process) to benefit from CVA
  - **Receive referrals** of children at risk, identified by cash focal points in the course of implementing CVA
- **For CVA staff**, make MPC programmes more ‘child-friendly’, work with the child protection focal points to:
  - **Identify cases** of children at risk during CVA implementation
  - **Receive referrals** of individual cases identified by child protection for inclusion in CVA
- **For both CP and CVA staff:**
  - Ensure child-friendly **provision of information** on the programme, including information on personal data protection rights, through trusted and accessible sources.
  - Establish child-friendly and accessible **feedback mechanisms**

## Key messages



## Targeting approaches

- Targeting is a **complex and lengthy** process, involving assessment, analysis, programme design, monitoring, etc.
- **A combination of different targeting approaches is usually used:** geographic, community-based, administrative, poverty, case-by-case (protection), etc.
- Eligibility criteria should **avoid stigmatising** beneficiaries
- Some eligibility criteria may be communicated, others may be **confidential** (within case management)

**COFFEE BREAK – 15 MNS**

**Session  
13**

**CVA DELIVERY AND  
CHILDREN AS DIRECT  
RECIPIENTS**

# Learning objectives



## By the end of this session participants will...

- Be able to make informed decisions about who should be the recipient of CVA (child, adult caregiver, or other representative of the child etc.) when CVA is used for child protection outcomes
- Understand how different delivery mechanisms / financial services providers affect children's access to CVA and present different risks / advantages
- Integrate these considerations into a Best Interests Assessment (BIA) for children

# Who should receive the CVA?



## Questions for groupwork

With reference to both cases #1 and #2:

- With the best interests of the child(ren) in mind, who should be the recipient of the CVA? Adult caregiver or child?
- Should / can the child receive the CVA directly?



# Can children receive CVA?

## Depends on age and best interests assessment (BIA)

Age of child	Recommendation
Below 12	<ul style="list-style-type: none"><li>- Should never directly receive CVA</li><li>- Can receive CVA through their families / caregivers</li></ul>
12-14	<ul style="list-style-type: none"><li>- May be considered for restricted direct cash assistance (vouchers) if deemed safe and appropriate</li><li>- Assess risks, experience and maturity of child</li></ul>
15 and above	<ul style="list-style-type: none"><li>- May be considered for all forms of CVA deemed safe and appropriate</li><li>- Asses risks, experience and maturity of child</li></ul>

# What is a CVA delivery mechanism ?





# Definitions

## Delivery mechanism

- Means of delivering a cash or voucher transfer (e.g. smart card, mobile money transfer, cash in hand, cheque, ATM card, etc.).

## Financial service provider (FSP)

- An entity that provides financial services. May be used to deliver CVA. FSPs can include:
  - e-voucher companies
  - financial institutions (such as banks and microfinance institutions)
  - mobile network operators (MNOs), etc.

# Delivery mechanisms and children as recipients

## Combining different approaches

Within the same project, different approaches can be used for different groups of beneficiaries and/or in different geographic areas. For example:

- *Could use vouchers for children, but cash for adults;*
- *Could use mobile money with different service providers in different geographic areas, depending on mobile coverage in those zones;*
- *Could use bank transfers for beneficiaries with ID, but cash in hand for those without recognised ID, etc.*

Multiple delivery mechanisms could involve multiple contracts with financial service providers! Might be administratively difficult for the organisation!



**Balance best solution for beneficiaries with organisational feasibility**

## Key messages



## CVA delivery and children as recipients

- Under certain circumstances, **children can be direct recipients of CVA**, but depends on their age, type of CVA (cash/vouchers) and BIA
- **National laws and policies** affect the choice of delivery mechanism (cash in hand, mobile phone, bank transfer, cheque to be cashed, money transfer company, etc.)
- **Different modalities (cash/vouchers) and delivery mechanisms** can be used in parallel for different recipients, within the same project

# Money Matters Toolkit

# Purpose of the Money Matters Toolkit

## Overall, it aims to :

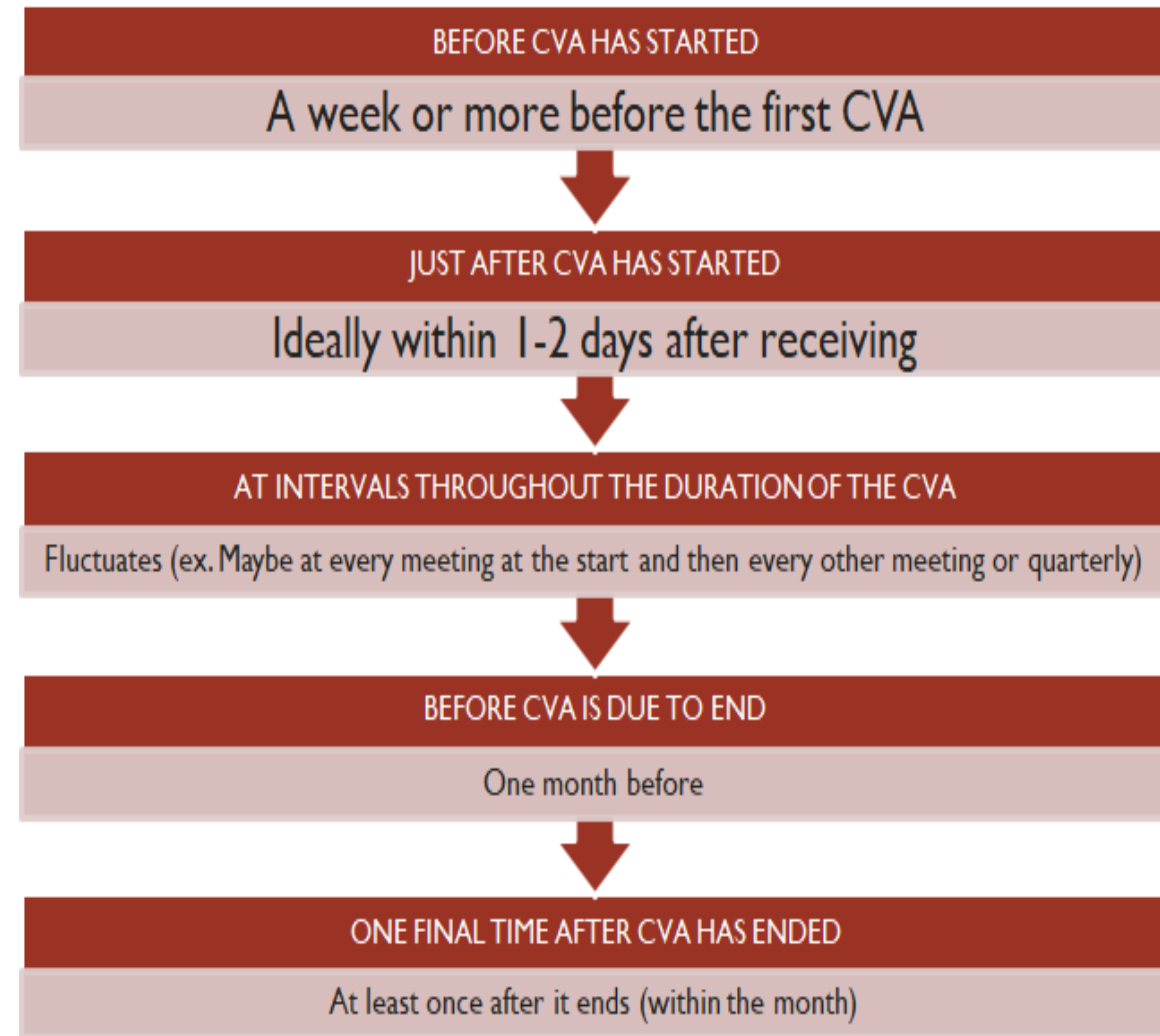
- Reflect on the different needs of varied members of the household
- Encourage decisions that may benefit those who are most at risk or marginalized within the home
- Reflect how decisions are made on money spent, who is making decisions, and why those choices are made.
- Reflect on what costs incurred are basic needs and should be prioritized in the interests of all members of the household

## Specifically, the objective is to help households

- be more aware of their regular and intermittent expenses and keep track of these;
- Prioritise expenses and spend within their income;
- Identify more cost-effective spending habits; and
- Save contingency funds to cover for any financial shocks.

# Overview of the Money Matters toolkit

- 1) Before the CVA has started
- 2) Just after CVA has started
- 3) At intervals throughout the duration of CVA
- 4) Before CVA is due to end
- 5) One final time after CVA has already ended



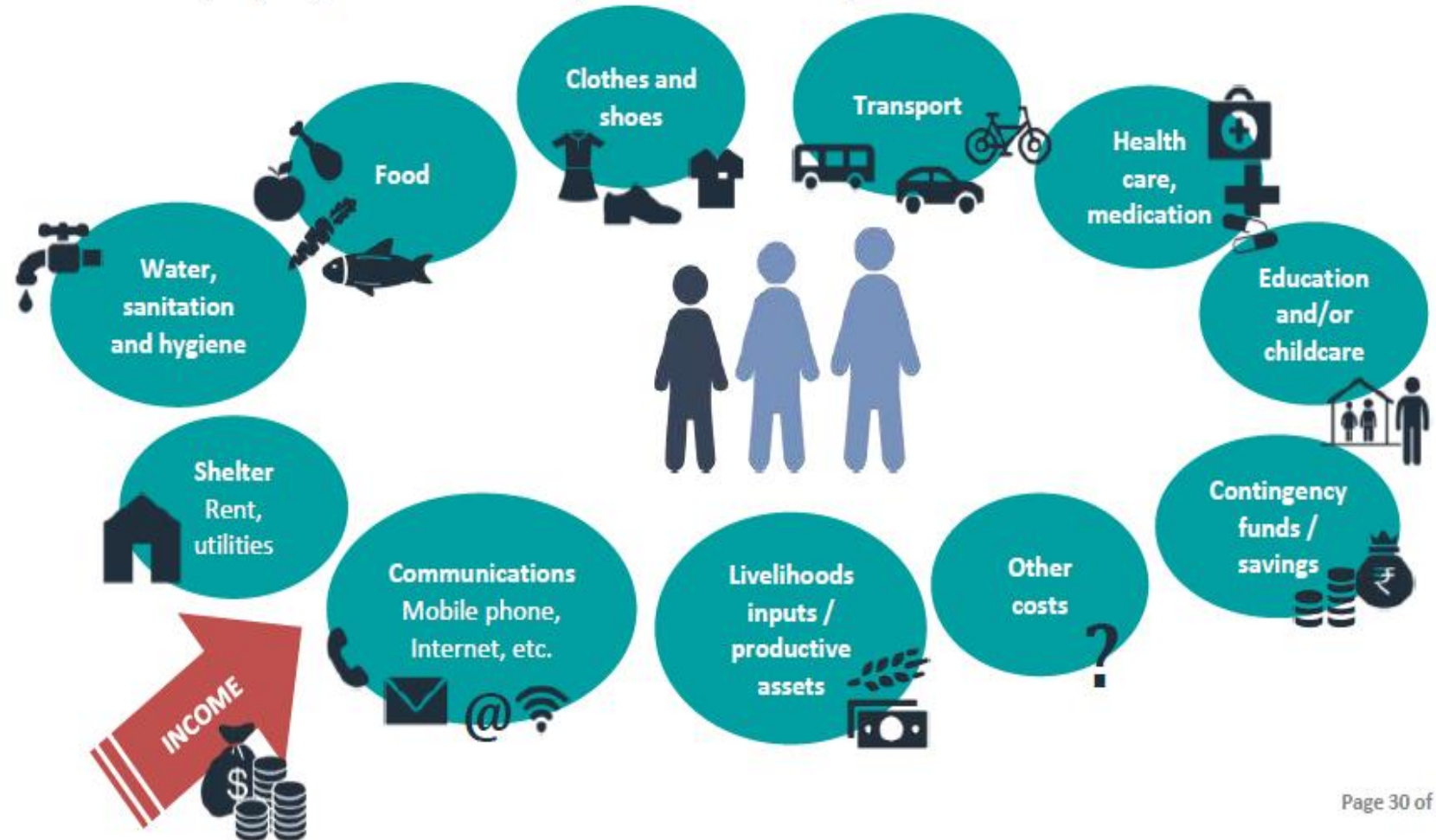
# Money Matters Tool #1

BEFORE CVA HAS STARTED

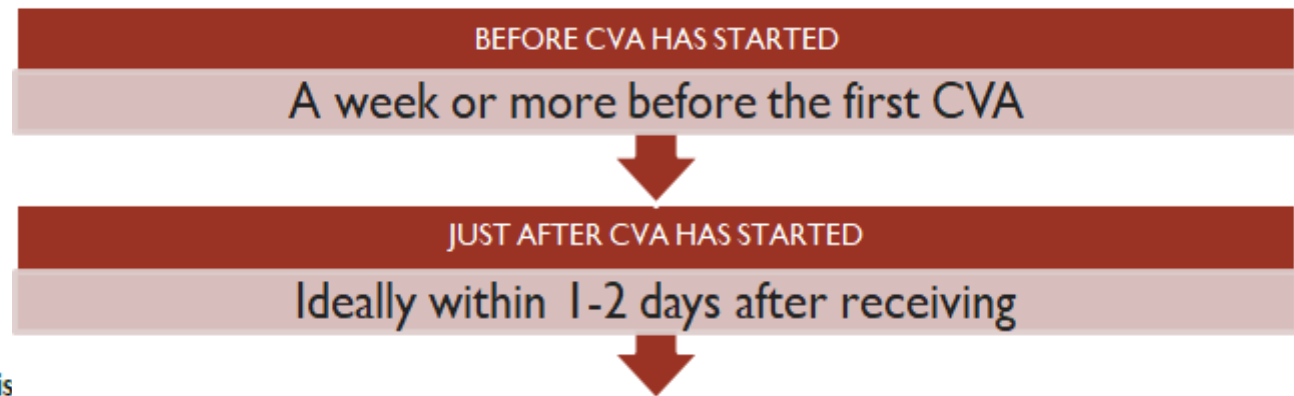
A week or more before the first CVA

## Tool 1: What are the child's and family's needs?

- This diagram is for the caseworker to use with the client.
- The diagram sets out different categories of spending involved in supporting a family and a child or children.
- By talking through the tool the caseworker can help the client to think of the full range of costs that are incurred to meet their needs and those of their household.









# Money Matters Tool #2



## Tool 2: Prioritis

- Tool 2 helps the caseworker and client to become aware of the different expenses the household incurs over time. It helps in the process of prioritisation.

Category	Details of the expenses included under this heading	Column A: Item (Name the item)	Column B: Budget / estimated cost.	Column C: Priority (1 - 5)
1. Food	Food, drinks, baby food, fuel for cooking. 			
2. Clothes and shoes	Clothes, shoes, hats, etc. Need to consider the fact children grow fast and need regular replacements. 			
3. Transport	Purchase or rental of vehicles; vehicle repairs maintenance; insurance; taxes; servicing; fuel; use of public transport; etc. 			
4. Healthcare and medication	Any regular medicines needed for chronic illness; vaccinations; payment to medical health service providers (doctors, midwives, nurses); health insurance; contraception, etc. 			
5. Education and / or childcare	School fees, costs of education supplies (books, pens, paper), school uniform, fees for childcare including nursery or a child minder. 			
6. Water, sanitation, hygiene	Feminine hygiene products, soap, household cleaning products, etc. 			
7. Shelter	Property tax; house rent; mortgage; household insurance;			



# Money Matters Tool #3

AT INTERVALS THROUGHOUT THE DURATION OF THE CVA

Fluctuates (ex. Maybe at every meeting at the start and then every other meeting or quarterly)



Tool 3: Income and expenditure tracking tables

INCOME TRACKING TABLE				
	Income source	Date income received	Frequency of income (Daily, weekly, monthly, annual, unknown)	Any conditions
Row A:				
Row B:				
Row C:				

EXPENDITURE TRACKING TABLE				
Column A: Date	Column B: Item purchased	Column C: Amount paid for item	Column D: Location purchased (Optional)	Column E: Who in the household is benefiting from this item?

# Money Matters Tool #4

BEFORE CVA IS DUE TO END

One month before



Sample scripts #4 with general questions:

- Do you know when the CVA is going to end?
- Have you got a plan for how you/ household will cope when the CVA ends?
- Have you managed to secure other sources of income?
- Has your income been covering your expenses?
- Have you managed to reduce costs so they will be met by your other income without CVA?
- If they are still finding living within their income a challenge, ask which of the strategies for saving money and cutting costs that you previously discussed they have been able to apply.
  - Needs vs. wants, buying in bulk, identify more competitive prices etc.
- Have you managed to save any money over the time you have been receiving CVA support?
- Are you worried about CVA ending?
- What is your greatest fear after CVA ends?
- Does all your family and those who depend on this income know that the CVA is coming to an end?
- Can you continue practicing some of the money saving tips we previously discussed – such as bulk buying, identifying competitive prices, etc.

# Money Matters Tool #5

ONE FINAL TIME AFTER CVA HAS ENDED

At least once after it ends (within the month)

## Tool #5: CVA exit handout

### General Questions

- How did you manage when the CVA ended?
- Did you manage to secure other sources of income?
- Did you have to reduce costs so that your household expenses could be met by your reduced total income?
- What strategies have you used to reduce household costs or increase household income?
- Have certain individuals in the home been most impacted by the end of the CVA?
- Are there any concerns that have arisen since the CVA ended that you wish to share with me?

Name of the client	
Name of the caseworker	
Phone number of the caseworker	
Date the final payment	
Hotline phone number /emergency contacts for child protection cases	

Local child protection referral pathway.



# Key messages



## Money Matters toolit

- To be used by case workers as part of regular case management to support their clients with basic money management before, during and after receiving CVA
- Different tools to be implemented at different stages of the CVA cycle
- Help improve the design of CVA



**Money Matters  
oolkit and Guidanc**

**END OF DAY 1**

A group of women are sitting on the floor in a training session. They are wearing traditional Cambodian clothing, including sarongs and shawls. One woman in the foreground is wearing a dark purple shawl, while another is wearing a patterned shawl. They appear to be engaged in a discussion or activity. The background is slightly blurred, showing other participants. The entire image has a blue overlay.

# **Training Session**

## **Cash & Voucher Assistance and Child Protection**

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**Cambodia, Phnom Penh**

**31st of January 2024**

A pink rectangular frame with a thin border, centered on the page. The text 'DAY 2' is written in white inside the frame.

# DAY 2

# Recap of Day #1



**Session  
15**

**Risk Mitigation Strategies**

## Learning objectives



## By the end of this session participants will...

- Know the different ways that you can adjust your CVA programme design in order to mitigate child protection and safeguarding risks identified.

# Mitigate risks identified



## In your groups...

- Review the fictional case studies
- What potential challenges and risks could you identify?
- Think through the different parameters of your CVA - modality, delivery mechanism, frequency, target population, location, amount of assistance provided and programme conditionality.
- **How can you adjust your CVA to mitigate these challenges and risks?**

**30 mins to discuss in your groups**



“Child Safeguarding for Cash and Voucher Assistance Guidance”

# Key messages



## Possible programme adjustments may include:

- Modality,
- Delivery mechanism,
- Frequency,
- Target population,
- Location,
- Amount of assistance provided, and / or
- Programme conditionality.

# Safe access to CVA



**Delivery mechanisms /FSP**

**and**

**children as recipients**

Delivery mechanism	Potential risks for cash recipients in general	Potential risks for children as specific cash recipients	Potential advantages
Cash in-hand by case worker			
WING's mobile money			

# Key messages



## Mitigating strategies

- CVA not inherently more risky than other forms of assistance.
- CVA can have significant impacts on child survival, protection and learning outcomes and wider protection outcomes.
- Monitoring CVA and adapting programme design rapidly may mitigate any risks.

**COFFEE BREAK – 15 MNS**

# MEB and CVA TRANSFER VALUES



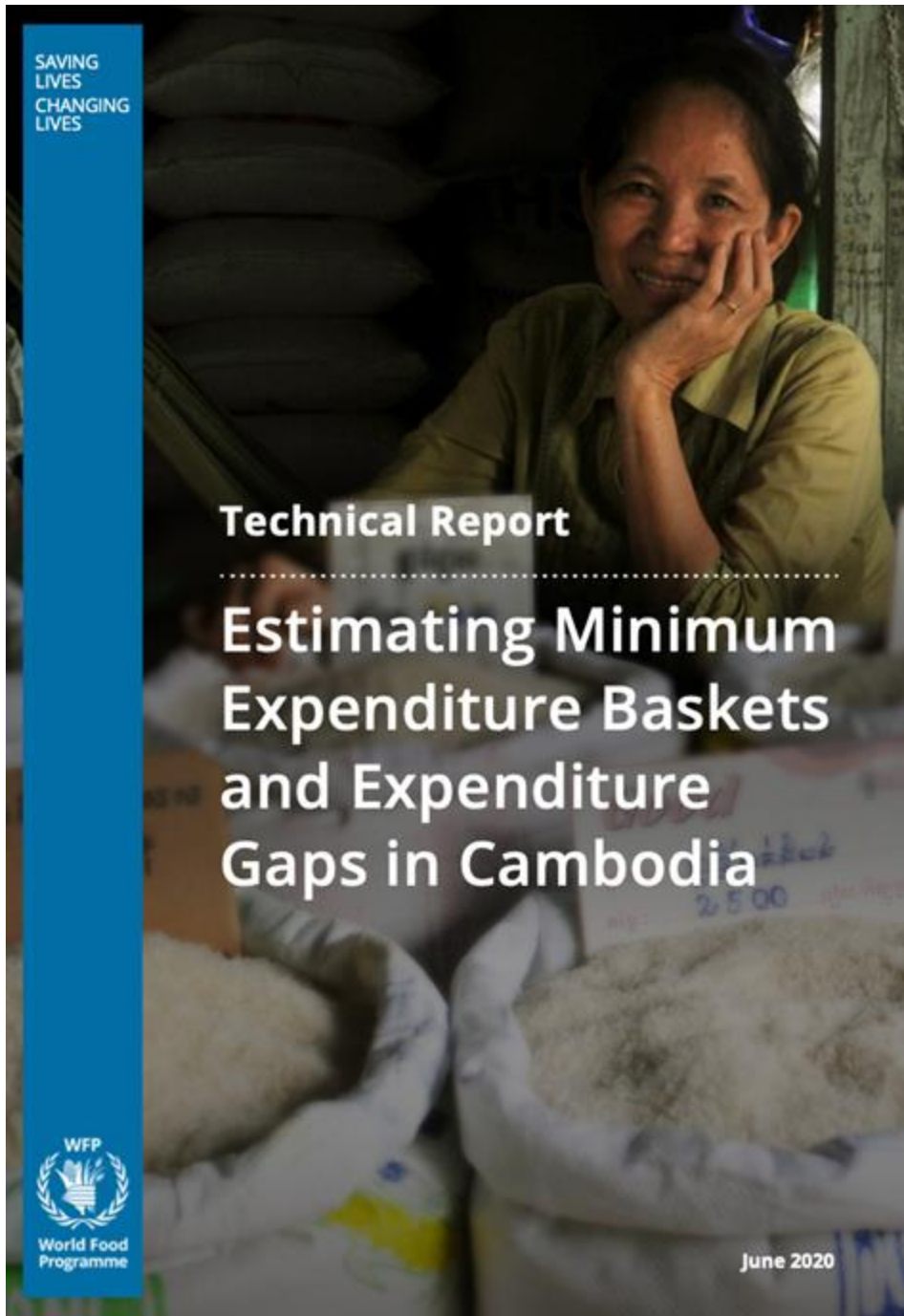
# Learning objectives



## By the end of this session participants will...

- Assess whether CVA transfer values are suitable, based on an understanding of how transfer values are calculated (MEBs, poverty lines);
- Take children's needs into account when participating in cash or voucher transfer value calculations.

# What is an MEB?



# The Minimum Expenditure Basket (MEB)

## Definition

- The **Minimum Expenditure Basket (MEB)** is defined as what a household requires in order to meet basic needs – on a regular or seasonal basis – and its average cost.
- CVA transfer value often defined with reference to the MEB (but NOT the same)

# Minimum Expenditure Basket (MEB)


## Cambodia example

Expenditure Group	Average expenditure per capita per month (Riels)
Food	113,579
Housing	46,473
Health	7,037
Transport	8,336
Communication	2,767
Clothes	5,942
Furnishing, salary	2,790
Recreation	1,931
Education	709
Miscellaneous, goods and services	21,097
<b>Total*</b>	<b>210,661</b>

## Protection aspects and the MEB

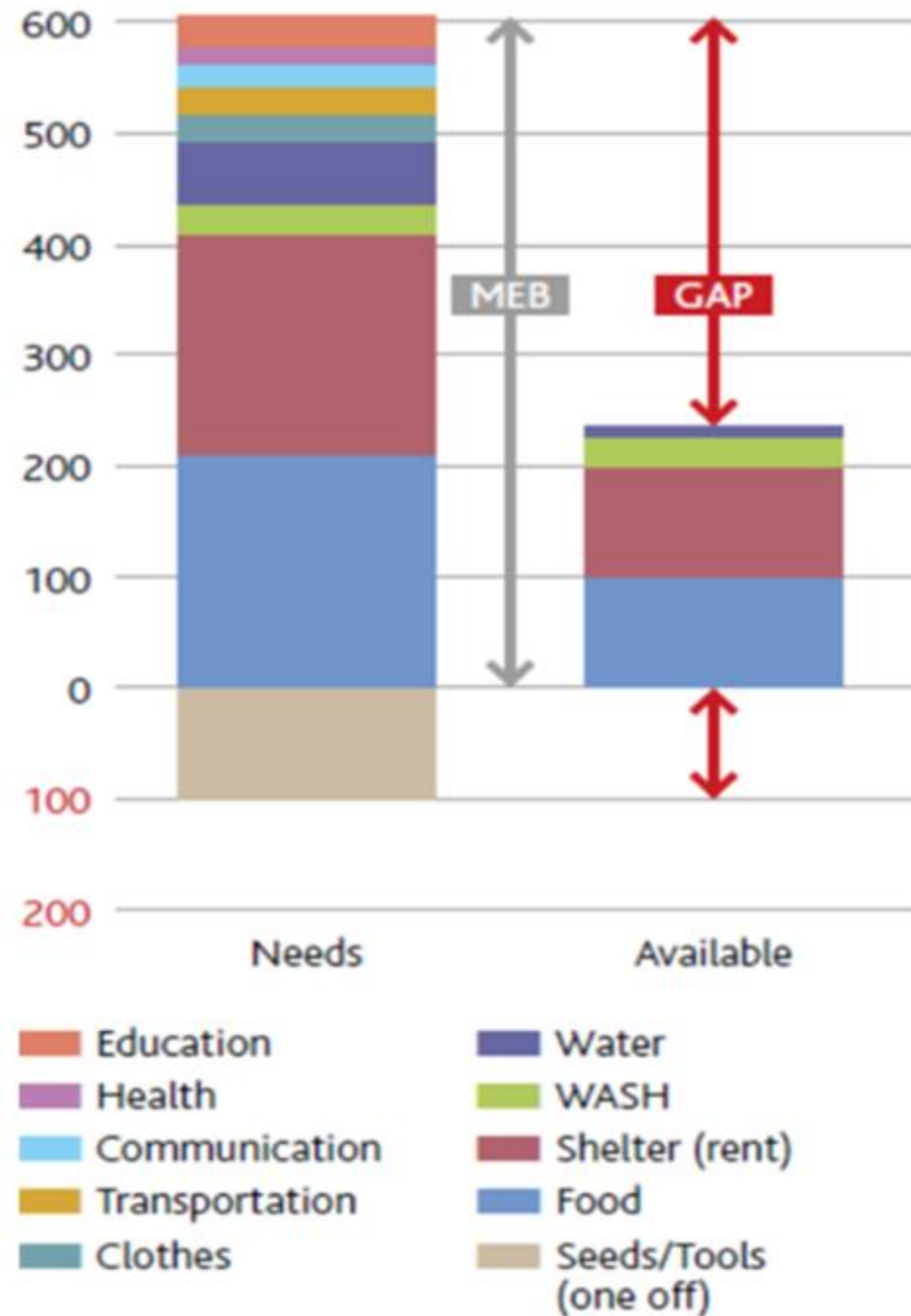
### Considering protection aspects

- Protection-related expenditure will vary
- Hard to define: adequate access to protection assistance (broad set of activities and services) and individually-based protection.
- Consider:
  - **Key protection risks and associated economic root causes** (ex: risk of child labour is caused by economic poverty, amongst other drivers/causes) that require regular assistance in order to be addressed.
  - **Key protection costs/expenditures** (such as access to services) that might be punctual (ex: birth certificate) or recurrent (ex: counselling).

A woman wearing a black hijab is seated at a wooden table, operating a white SunStar sewing machine. She is holding a piece of light blue fabric. The sewing machine is positioned on the right side of the table. To the left of the machine, there are various items including a pair of black scissors, a plastic bottle, and some fabric scraps. A large spool of black thread is mounted on a stand to the right of the machine. The background shows a plain, light-colored wall.

**Do households  
already have  
some income?  
Or receive  
assistance?**

# Calculating CVA transfer value



# Transfer values: MPC and Protection top-ups

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## **Multipurpose cash (MPC):**

- to address multiple needs, either regular or one-off
- transfer value relates to expenditure gaps based on MEB (or other calculation, such as poverty line)

## **Protection top-ups:**

- to support people at risk/victims who have one-off or recurrent expenditures
- should be on top of regular CVA (MPC), case-by-case basis
- transfer value can include cost of: transportation, communication, obtaining legal documentation, accessing protection services, rent/shelter, etc.



# Calculating the CVA transfer value



## Questions for groupwork

- What steps would you take to calculate the amount the child / family should receive as part of CP case management?
- Should each CP cases receive the same amount?

*Share your ideas in plenary*



# Key messages



## MEB and CVA transfer values

- Developing a MEB is an important step to deliver MPC (designed to meet basic needs)
- MEBs are a collaborative inter-sectoral process
- Child protection sector should be involved
- MEB is not equal to transfer value
- Transfer values may vary depending on household composition/needs (dependency ratios, number of children, etc.)

**LUNCH BREAK – 60 mns**

# CVA for CP Referral Toolkit

# Learning objectives



## By the end of this session participants will...

- Know the principles, processes and tools to refer cases from child protection case management to CVA
  - Assess CVA appropriateness
  - Determine the risks pertaining to CVA
  - Identify, implement and monitor mitigation measures

# Pre-requisites for CVA for CP referral process

## Pre-requisites for effective referral protocol

**Ensure sufficient in-house sectorial expertise** (both CVA and CP) while avoiding adding more burden on existing staff;

- Train CP teams on the “essentials of CVA”, notably on the difference between economic vs. social risk factors, CVA risks and mitigation strategies
- Train CVA teams on detecting child protection cases they may encounter during CVA operations (i.e. unaccompanied children, child-headed households etc.)

**Harmonize targeting and selection processes and criteria** across CP and CVA

- This referral protocol helps determining CVA eligibility in order to contribute to the achievement of the case plan.
- CVA eligibility is determined as an outcome of the process and should not follow additional selection processes and criteria that may already be in place as part of other CVA interventions (i.e. food-security indicators for cash for food etc.)

# Pre-requisites for CVA for CP referral process

## Pre-requisites for effective referral protocol

### Harmonize planning across CP and CVA

- CP and CVA teams need to clearly communicate about their respective program durations/timelines
  - When CP case management starts/ends
  - When CVA starts/ends

### Set-up collaboration/coordination mechanisms between CP and CVA teams

- Ensure that referrals may be done both ways: from CP to CVA and vice-versa
- Create the space/channels for regular communication between CVA and CP teams
  - Case workers should be able to communicate well ahead and clearly about CVA programming to their managed cases
  - CVA programming may be adapted according to CP team feedbacks and MEAL results

# Overview of the CVA for CP referral process



## CVA for CP Decision-Making Tree

[New tools from Augustin - Google Drive](#)



# CVA for CP referral - Tool #1

## Tool #1 – CVA needs and risks assessment

**Objective:** Determining CVA appropriateness

- Determining if CVA may effectively address **economic factors**
- Assessing any potential future **risks** of implementing CVA
- Determining, implementing and monitoring **mitigation measures**

**Duration:** 30-45 mns

**Hints:**

- The expected CVA benefits should outweigh risks
- Sensitive child protection information should not be communicated outside case management to the CVA or MEAL teams for verification and reporting purposes.

## Tool #2 – Referral tool

# CVA for CP referral - Tool #2

**Objective:** Referring the case to a Review Committee

- Determining if CVA may effectively address **economic factors**
- Assessing any potential **risks** of implementing CVA
- Determining, implementing and monitoring **mitigation measures**

**Duration:** 30-45 mns

**Hints:**

- The expected CVA benefits should outweigh risks
- Sensitive child protection information should not be communicated outside case management to the CVA or MEAL teams for verification and reporting purposes.

# Tool #3 – Review Committee Decision

## CVA for CP referral - Tool #3

**Objective:** Confirming CVA eligibility

- Determining if CVA may effectively address **economic factors**

**Duration:** 30-45 mns

**Hints:**

- The expected CVA benefits should outweigh risks
- Sensitive child protection information should not be communicated outside case management to the CVA or MEAL teams for verification and reporting purposes.

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**EXIT STRATEGIES  
PHASING OUT CVA**

# Learning objectives



## By the end of this session participants will...

- Be able to plan for the phasing out of CVA when designing CP programmes that include the delivery of CVA
- Know different approaches to exit strategies for CVA
- Understand the potential role of case workers in supporting exit strategies for CVA
- Know the difference between phasing out CVA and case closure

# Exit strategies, types of CVA, case closure

## One-off or regular CVA?

- If CVA is **'one-off'** then this is part of wider case management process
- If CVA is provided on a **regular basis** (for ex. MPC provided monthly) then we need an exit strategy to phase out assistance...



⚠ **Note: phasing out CVA is not the same as case closure**

# When should regular CVA come to an end?

## Two main approaches

### 1. Predetermined from the outset, for example:

- Child benefits (<18)
- Graduation programmes (e.g. receive CVA for 2 years), etc.

### 2. Dependent on child/family situation:

- assessed on an individual basis, by case-worker
- retargeting for all beneficiaries (e.g. annually)

 **Whatever the approach, clear communication is always essential!**

# Groupwork



With reference to the two case studies (Eman and Hassan), reflect and discuss:

- **Best-case scenario for the child:** describe a situation in which this child no longer needs financial assistance/CVA. What would success look like for this child?
- **Case-worker's perspective:** in this best-case scenario, what changes would a case worker observe in the child's situation? How would the case-worker know that the child no longer needs CVA?
- **Comprehensive programming:** what else might have helped the child / family to be more financially independent, in addition to the CVA?



# Key messages



## Exit strategies for phasing out CVA

- **From the outset**, plan an exit strategy for CVA
- Consider coupling **CVA with livelihood** activities to support long-term sustainability
- Link **CVA with child protection services** to comprehensively address risks to children
- Link CVA with other interventions that seek to enhance the same child protection outcome (such as education or health)
- **Communicate clearly** with project participants



Orkun !!!