

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



THE ALLIANCE
FOR CHILD PROTECTION
IN HUMANITARIAN ACTION



Tool 2

A survey tool for all humanitarian actors implementing cash and voucher assistance

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ACRONYMS AND ABBREVIATIONS

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

GLOSSARY OF KEY TERMS USED IN THIS TOOL

Best interests of the child	“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

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.

Child	<p>“Persons below the age of 18 years.”⁶</p> <p>By “diverse children” and “children” here we include and mean:</p> <ul style="list-style-type: none"> • All persons under the age of 18 in a population covered under humanitarian action. ...children of all genders, ages and disabilities [with] ... evolving capacities and needs.”⁷ <p>The terms “children” and “diverse children” include those who:</p> <ul style="list-style-type: none"> • “Are of all ages – early childhood, middle childhood and adolescence; • Have or identify with diverse sexual orientation, gender identity/expression and sexual characteristics; • Are displaced; • Come from all kinds of social and cultural backgrounds; and • Live in a variety of care settings.”⁸
Child protection benefits	Improved child well-being and the achievement of positive child protection outcomes. Child protection outcomes can be positive or negative, so the term “benefits” here is used here to distinguish between the two.
Child protection in humanitarian action	“The prevention of and response to abuse, neglect, exploitation and violence against children in humanitarian action.” ⁹
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.” ¹⁰
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.”¹¹

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.

8 Ibid.

9 Ibid.

10 Ibid.

11 Ibid.

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.” ¹²
Consent	See entry for ‘informed consent’.
Coping strategies	“Coping is the process of adapting to a new life situation, managing difficult circumstances or making an effort to solve or minimise stress or conflict. Some coping mechanisms are sustainable and helpful, while others may be negative, with potentially long-term harmful consequences.” 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
Disbursement	“... the transfer of funds to recipients e.g. the transfer of a digital payment to a recipient’s bank account, card, mobile money account, etc.” ¹⁴
Do no harm	“The concept of humanitarian agencies avoiding unintended negative consequences for affected persons and not undermining communities’ capacities for peace building (sic.) and reconstruction.” ¹⁶
Humanitarian actors	“Wide range of authorities, communities, organisations, agencies and inter-agency networks that all combine to enable humanitarian assistance to be channelled (sic) to the places and people in need of it. They include UN agencies, the International Red Cross/Red Crescent Movement, local, national and international non-governmental organisations (NGOs), local government institutions and donor agencies. The actions of these organisations are guided by key humanitarian principles: humanity, impartiality, independence and neutrality.” 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

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

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>

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/ibid.

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

19 Ibid.

20 Ibid.

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.” ²¹ In the case of CVA, mitigating risks may include, for example, changing the amount, frequency, or modality of a cash transfer or changing the cash recipient within a household.
Modality	“Modality refers to the form of assistance – e.g. cash transfer, vouchers, in-kind, service delivery, or a combination (modalities). This can include both direct transfers to household level, and assistance provided at a more general or community level e.g. health services, WASH infrastructure.” ²³
Older people/person	“The concept of older age must be understood in broad terms. In many countries and cultures, being considered old is not necessarily a matter of age, but it is rather linked to circumstances such as being a grandparent, or showing physical signs such as white hair. Where people live in hardship, some of the conditions that can be associated with older age, such as mobility problems or chronic disease, are present at younger ages. While many sources use the age of 60 and above as a definition of old age, a cut-off point of 50 years and over may be more appropriate in many contexts where humanitarian crises occur.” ²⁴
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.²⁵ 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.²⁶</p>

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>

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

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

26 UNHCR (July 2018) Post-Distribution Monitoring Cash-Based Interventions: Bangladesh Refugee Situation.

Protection from sexual exploitation and abuse	“Term used by the UN and NGO community to refer to measures taken to prevent, mitigate and respond to acts of sexual exploitation and abuse by their own staff and associated persons, including community volunteers, military and government officials engaged in the provision of humanitarian assistance.” ²⁷
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.”²⁸</p>
Referral	“The process of directing a child or family to another service provider because the assistance required is beyond the expertise or scope of work of the current service provider.” ²⁹
Sampling	A process for selecting a small number from a total population who give answers to questions that represent the views of the whole of that population. ³⁰
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.” ³¹
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.” ³²
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.” ³³

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

28 Ibid.

29 Ibid.

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

31 Ibid.

32 Ibid.

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

Vulnerability

“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.

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.”³⁴

Well-being

See entry for “child well-being”.



Vinay Panjwani UNICEF Nodiyon ki basti, Barmer, Rajasthan, India.

34 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 2: A survey tool for all humanitarian actors implementing cash and voucher assistance,” is part of the “Toolkit for monitoring and evaluating child protection when using cash and voucher assistance” (CP and CVA M&E Toolkit). The toolkit was developed because:

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

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

- Direct and indirect impact on child protection concerns – including, for example, child labour, 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 benefits³⁵ associated with the introduction of CVA.

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

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

This tool is 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 \(CVA\)](#).

Summary of the survey tool for all sector actors

This survey tool is for use by child protection, cash and other sector actors **after cash and voucher assistance (CVA) has already started to be disbursed**. It provides real-time information on child protection risks and benefits. This information should be used to inform adjustments to the way CVA is delivered.

³⁵ 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 “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 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"> • Survey tool. Can be used as an interview guide or self-administered in paper or electronic form.
Who should use the tool?	<ul style="list-style-type: none"> • A programme manager, programme officer, or technical advisor should manage the data collection process. • For use by M&E, cash, child protection or other sector staff. • Must have child protection technical support.
Who are the target respondents?	<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. 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 another data collection process (e.g. your post-distribution monitoring), 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 CVA. • You will need time for adaptation, translation, and testing of the tool. Allow 1 – 2 months for this localisation process before you run the research.
When do you use this tool?	<ul style="list-style-type: none"> • For use after cash assistance has already started. • Can be used at regular intervals during assistance and for follow-up after assistance has ended.

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.³⁶ All humanitarian actors have a responsibility to “Do No Harm”^{37,38} and protect the people they work with, including diverse children.³⁹ 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.

36 The term “child protection benefits” is used here to refer to improved child wellbeing and the achievement of positive child protection outcomes. Child Protection Area of Responsibility (2018). [Review of Child Protection Positioning and Localisation 2018](#).

37 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 \(2018\)](#)

38 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](#).

39 “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](#).

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](#).⁴⁰
- 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:
 - Sharing assessment findings;
 - Feeding into each other’s programme plan development processes;
 - Supporting each other during implementation by providing technical expertise;
 - Advising on monitoring processes, and
 - Sharing, reviewing and applying lessons learnt from programme evaluations.





Patricia Willocq UNICEF 2019 Guatemala

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

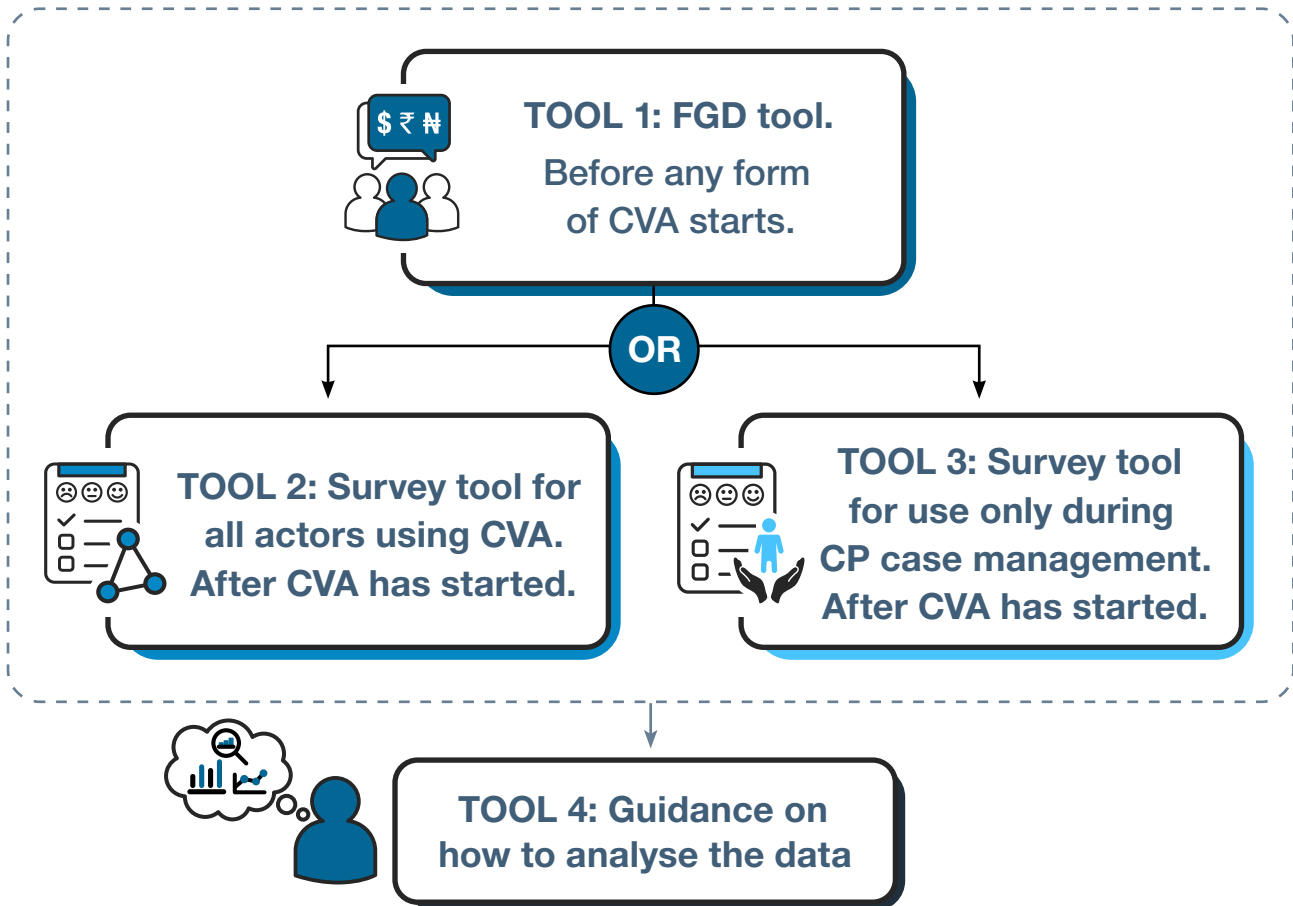
Toolkit for monitoring and evaluating child protection (CP) when using cash and voucher assistance (CVA)

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 3: A survey tool for child protection (CP) caseworkers.</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 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"> 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 CP staff or CP caseworkers.
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 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. 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 that focus on the situation of children, and
- Questions on a range of child protection concerns, not only those relating to gender-based violence.

Ways 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.

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 CBIs and Utilizing Cash in GBV Response*](#), Women's Refugee Commission, 2018.
- The CaLP Programme Quality Toolbox, <https://www.calpnetwork.org/learning-tools/programme-quality-toolbox/>.

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 with adult respondents who are receiving CVA as part of a humanitarian intervention. 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. This survey tool is for use when:

- (1) CVA is intended to achieve child protection outcomes, and,
- (2) CVA is used without the intention of impacting on child well-being, as part of other sector programmes.

Running the survey at intervals throughout the life of CVA as part of ongoing monitoring processes enables you to gather information on possible benefits to children, sexual exploitation and abuse or safeguarding issues, child protection risks, and risk mitigation strategies.

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

Benefits to children.

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

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

Sexual exploitation and abuse or safeguarding issues.

- The field of safeguarding in CVA is relatively new and underdeveloped.⁴¹ Child safeguarding risks that arise when using CVA are not necessarily increased, or distinct from, the safeguarding risks faced when implementing other programme interventions. However, as with all humanitarian interventions,⁴² it is vital that all actors identify the possibility of humanitarian staff, operations, or programmes causing harm, mitigate against this, and rapidly respond when it does occur.

Child protection risks associated with the introduction of CVA.

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

Possible risk mitigation strategies.

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

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

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

In turn, this analysis may be used to:

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

Save the Children's '[Child safeguarding for cash and voucher assistance guidance](#)⁴³ outlines the range of child protection risks that may be present throughout all stages of the programming cycle when using CVA. It sets out actions that may be used to mitigate those risks. The tool presented here enables you to identify the specific risks present in your location. Cross-referencing the risks you identify with the mitigation strategies set out in the 'Child safeguarding for cash and voucher assistance guidance' should enable you to avoid unintentional harm to children.

Who is this survey tool for?**Collaboration between child protection and cash actors:**

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

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

It is recommended that this tool be used by:

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

In all cases, whether child protection staff or cash or other sectors (together or alone) carry out the research, it is recommended that findings and analysis are shared across sectors, so that child protection and cash actors tailor and adjust their protocols and processes to maximise the safety and protection of children and their families. [See the section on "Steps to be taken to adapt the survey tool to context"](#) for further details on collaboration regarding data sharing.

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

43 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 should manage the data collection process?

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

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

Who should run the focus group discussions or interviews?

This survey tool is for any humanitarian actor implementing CVA. Enumerators should be diverse, appropriately qualified, and have had training. Minimum expectations for training are outlined in the [conditions](#) section below.

Ideally, the enumerators using the **survey tool** will not be the day-to-day contact point for CVA. They will not be the person the CVA recipient meets with most often. This will help limit reporting bias and may enable respondents to provide more open answers. If a respondent feels more comfortable speaking to their regular contact within the organisation, they will naturally do so independently of this survey process. Having another individual run the survey provides a new neutral point of contact for monitoring purposes.

Respondents:

The survey tool is for use with adults who are ALREADY receiving CVA.

Choosing your sample: There is a range of sampling methods you can choose from: probability sampling, non-random/non-probability sampling, or exhaustive sampling.⁴⁴ 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 reaching certain areas due to conflict, communication disruptions, 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.⁴⁵ Whichever method you choose, the process for selecting research respondents should seek to identify individuals 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.
- 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 survey tool is only for use with adults **after** they have already started to receive CVA. 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 you to:

- 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.

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

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

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:

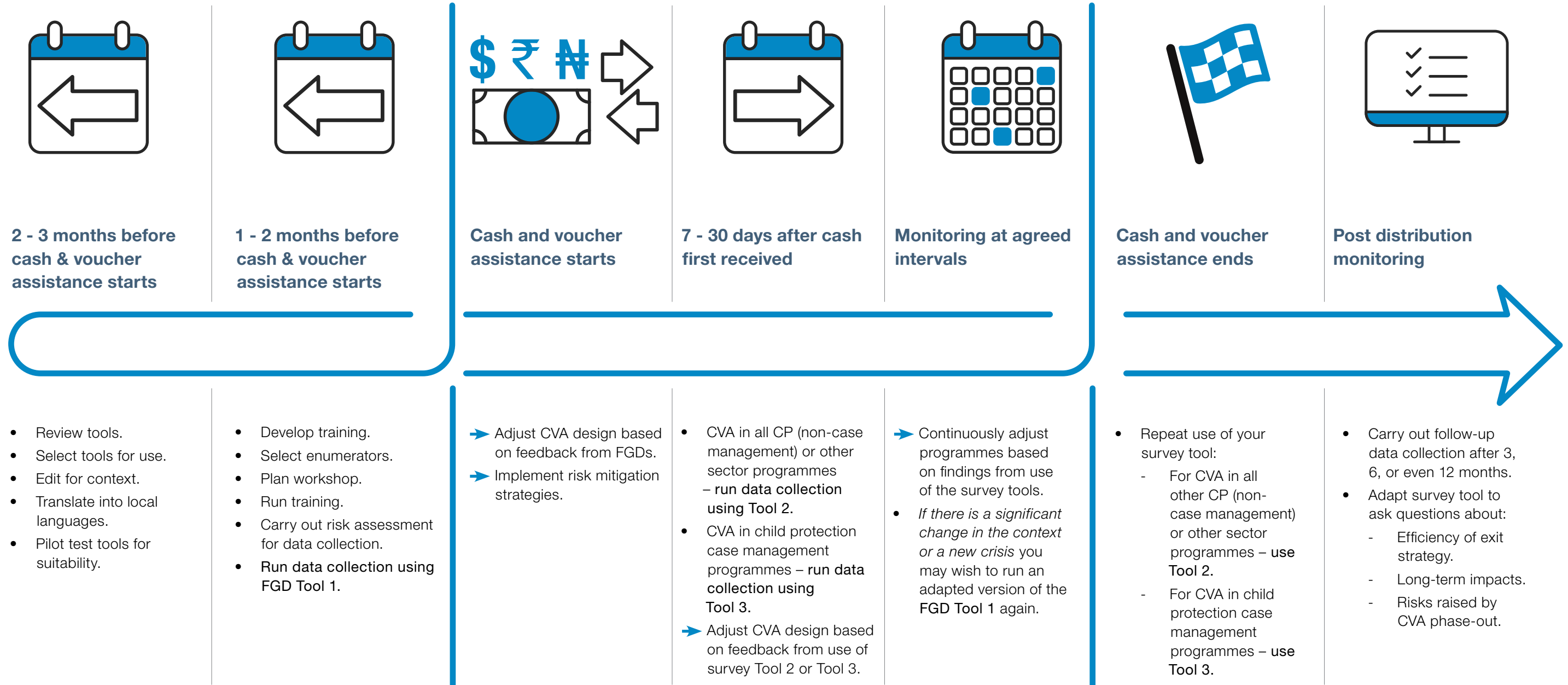
- Only twice, once 7 – 30 days after CVA has started and once when CVA ends,
- Once, 7 – 30 days after CVA has started; then several times throughout the year, at set intervals; then, again when ending CVA. This may be helpful if CVA recipients are receiving assistance over a longer time frame, or,
- Once, 7 – 30 days after CVA has started; then, several times whilst they are receiving CVA and one final time several months after CVA has ended. Gathering data a few months after the end of CVA may help identify child protection outcomes and risks related to the CVA exit strategy.

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 frequency of monitoring. Factors to consider when deciding upon the frequency are:

- Evidence from, and outcomes of, other assessment and risk monitoring activities that have already taken place.
 - Reports from previous interventions may indicate risk vulnerability at certain stages during the CVA implementation – these will influence when you should use the survey.
 - Where risks are often and significant, monitoring may need to be more frequent.
- Volatility of the situation. When the programme setting is rapidly changing, and new risks are constantly arising, you may need to run the survey more frequently.
- The feasibility of accessing the CVA recipient. When it is harder to access the affected population due to security concerns, infectious disease outbreak, or poor communications, you may have to rely on reduced frequency in data collection. Alternatively, you may be able to collect data remotely, depending on available technology.
- Resources for running the data collection process – both financial and logistical.
- Considerations relating to staff capacity. This includes the time and skills needed for data collection, compilation, cleaning, and analysis.
- How much time it takes for respondents to participate in the survey. You should avoid overburdening the respondents with long and frequent MEAL processes.
- The total intended duration of the CVA. The longer the CVA runs, the more times you may wish to return to respondents to assess child protection related concerns.
- Frequency of CVA disbursements. The more frequently you are giving recipients CVA, the more you may need to assess risks.
- Staff capacity to analyse frequently collected data.

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



Priority questions:

Staff may wish to use the [Priority Questions](#) to assess risks and safety concerns associated with CVA during each contact with the CVA recipient. This will flag any new and urgent risks before a full risk assessment next takes place.

PRIORITY QUESTIONS

The following questions may be asked during every formal contact with the CVA recipient. These questions flag any new and urgent risks before a full risk assessment takes place.

- Section 1: Introduction and consent.
- Section 3: Improvements to CVA for children and their families: Q 3.7.
- Section 4: Coercion (payment or favour) Q.4.3
- Section 5: Safety in the community: Q.5.1, 5.2, 5.3
- Section 6: Relations within the home: Q 6.4
- Section 8: Coping: Choose 1 or 2 of the most common/serious coping strategies that have been observed in child protection needs assessments in your context.

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

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 as part of another data collection process (e.g. your post-distribution monitoring),
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 respondents 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 – 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 for the survey.

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

You may invite groups of respondents to attend a session to complete the survey in a meeting room. Confer with a range of participants to get their feedback about where they would like to hold such a process. Community halls may have the necessary space, but may be too visible, or associated with a certain social, economic, ethnic, or political group. Schools; a social worker's office; health centres or clinics; non-governmental service providers; or the meeting room in the offices of a community-based organisation may be good alternatives. You may need to run the survey in various locations for the comfort of different groups/individuals.

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.

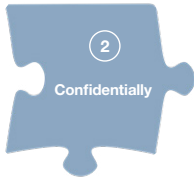
What are the conditions for using this tool?

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



- 2) **Confidentiality:** In-country data-sharing protocols – including best practices for confidentiality⁴⁶ – must be adhered to at all times during data collection, record keeping, data analysis, and information sharing.

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

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



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

Respondents are allowed to withdraw consent at any time.

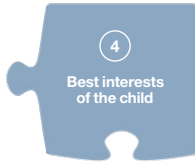
This tool provides a suggested script for the informed consent process, below, [Section 1: Introduction and consent](#). There are eight elements to the suggested script; these are:

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

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

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

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



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

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

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



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

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



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

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

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



7) Diverse, qualified, and supported staff team:

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

Staff running focus group discussions/interviews must have:

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

Training and qualifications: All members of the data collection team must receive relevant and sufficient training, or have demonstrated skills and experience in the following areas:⁴⁷

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

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

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

⁴⁷ At the time of finalising this FGD guidance, training modules were just starting to be developed. When complete, the training materials will appear on the toolkit website: <https://resourcecentre.savethechildren.net/toolkit-monitoring-and-evaluating-cpcva>.



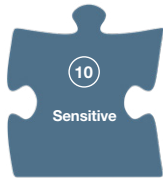
8) **Mental health and psychosocial well-being:**

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



9) **Culturally aware:**

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



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



11) Inclusive approach: The methods used to facilitate the discussion must be inclusive. This includes the use of interpreters, local languages or sign language as necessary, and using participatory activities (for example, seasonal diagram or timeline; risk mapping; tree analysis; or ranking).⁴⁸ The location must also be accessible to all respondents.



Ricardo Franco Mozambique 28 January 2021.

Sexual orientation, gender identity and expression, and sex characteristics

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

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

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

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

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

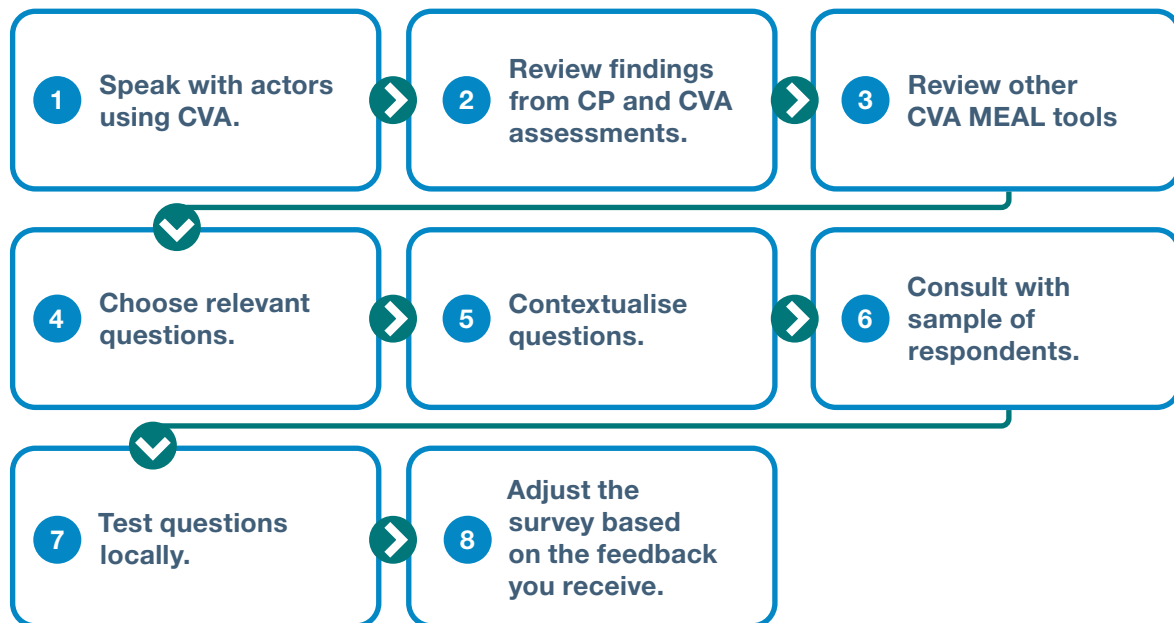
How do you contextualise this tool?

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

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

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

Steps to be taken to adapt the discussion tool to context



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

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

3) Review other CVA MEAL tools.

- Identify MEAL tools and questions that:
 - o Identify safeguarding or SEA concerns;
 - o Determine if there are any risks relating to CVA, and/or
 - o Indicate any possible child protection benefits linked to CVA.

4) Choose relevant questions.

- **Select from the menu of questions; only use a maximum of 8-12 questions.**
- The questions are presented in sections so enumerators can choose the most relevant questions for their programme work and context.
- Compare the list of sample questions with other data collection tools being used by staff and partners in your location. (Tools gathered through Step 1 above).
- Engage other actors working on CVA and M&E in your location, ask them which questions are not asked in other M&E activities.
- Choose the questions in each section that:
 - o Are most relevant to your programme work and context, and
 - o Fill gaps in data collected by other tools used in your location.
 - o Link any identified CP risks, CP outcomes, and mitigation strategies firmly to the CVA – other MEAL tools may not look at the intersection between CVA and child protection.
- 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.**

5) Contextualise introductory script and 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:
 - o Adapting the words used to describe the elements.
 - o Elaborating on or explaining the survey's purpose in ways that make it more specific to the context.
 - o Tailoring the outcomes of the survey as intended.
 - o Explaining the concept of confidentiality in ways that are easily understood.
 - o Reflecting any organisational-, local-, and/or national-level mandatory reporting regulations in the introduction.
- **Adapt the introductory sections.** (Sections I, II, III)
 - o **Section I: Introduction**

Text in **red italics** must be adjusted with the names of the agencies you are representing. There should be a discussion about the organisational policy and what approach will be taken concerning the best interests of the child and mandatory reporting in your location.

o Section II: Discussing child protection

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

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

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

o Section III: Obtain consent

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

- Adapting the words used to describe the elements.
 - Elaborating or explaining the discussion's purpose in ways that makes it more contextual.
 - Tailoring the discussion outcomes.
 - Explaining the concept of confidentiality in ways that are more easily understood.
 - Including any organisational-, local-, and/or national-level mandatory reporting requirements.
 - Taking into account past experience with community expectations – whether for increased funding, setting up new programmes, or new agencies starting to operate in the area. Address these expectations directly stating what this research aims to achieve and what it cannot do.
- **Adapt the wording of the questions:**
 - o 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.
 - o Simplify the language, using locally relevant terms, and
 - o Adapt question and answer options to align with programme design in the location.
 - o When delivering the survey in a one-on-one interview, the enumerator can adapt the questions to the specific household, so they are clear and relevant to the respondent.

Questions to adjust	Edits needed for your question or answer options
3.4	Adjust the delivery mechanism options in the questions below based on the contextually available options. The enumerator may need to use different words to explain the different modalities.
8.1	Add or adjust questions to cover locally relevant strategies for coping with economic shocks that negatively impact child well-being.
8.1.1 and 8.5.1	Set a minimum age for questions in alignment with the country-level schooling system.
8.3 and 8.7	You may wish to adjust the age spans mentioned based on national/local legislation on child labour.
8.4 and 8.8	Edit the minimum age for child marriage according to the common minimum ages of children being forced into marriage reported in your location; use a year or two below the lowest age you have heard reported to capture any outliers.

- **Adapt the answer choices:**

- o Based on your setting and tool pilot testing, adapt answer 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).

6) 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.
- Establish which option is best suited to the respondents engaged in the research process.

7) 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 it to follow the instructions given in the tool?
 - o Did you understand the questions?
 - o Did the answer options fit with the responses you received?
 - o Was the length too short, too long, or just right?
 - o Etc.

8) 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) if you hear new response options add these to your answer list to make survey completion easier for the enumerator.



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Preparing for and managing the full data collection process

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

How do you use the 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.

Instructions for the facilitator are written in *italics*. These should not be read aloud.

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

Questions are indicated with the letter “Q,” 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.

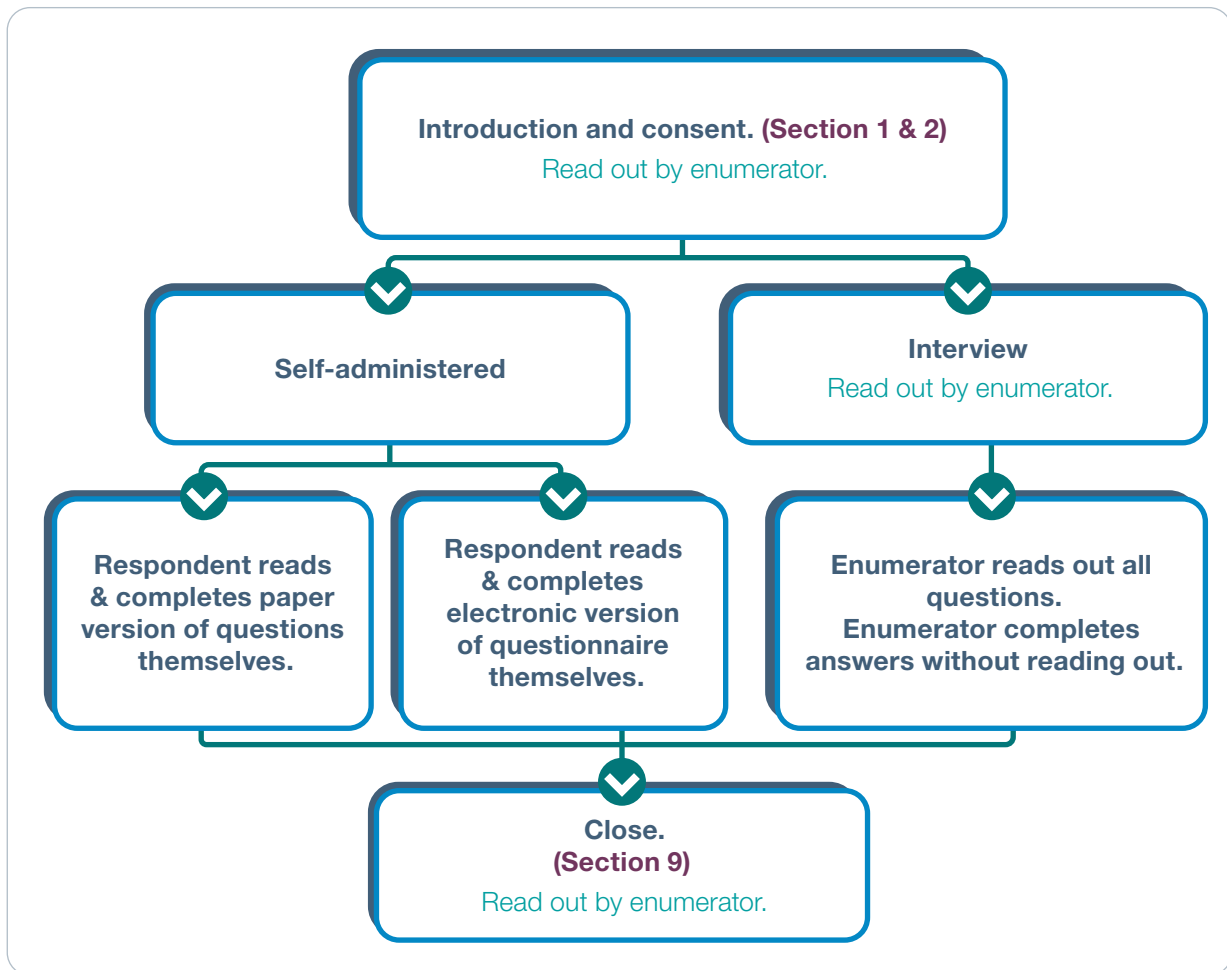
One-on-one interview:

- **Instructions** for the facilitator 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 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?

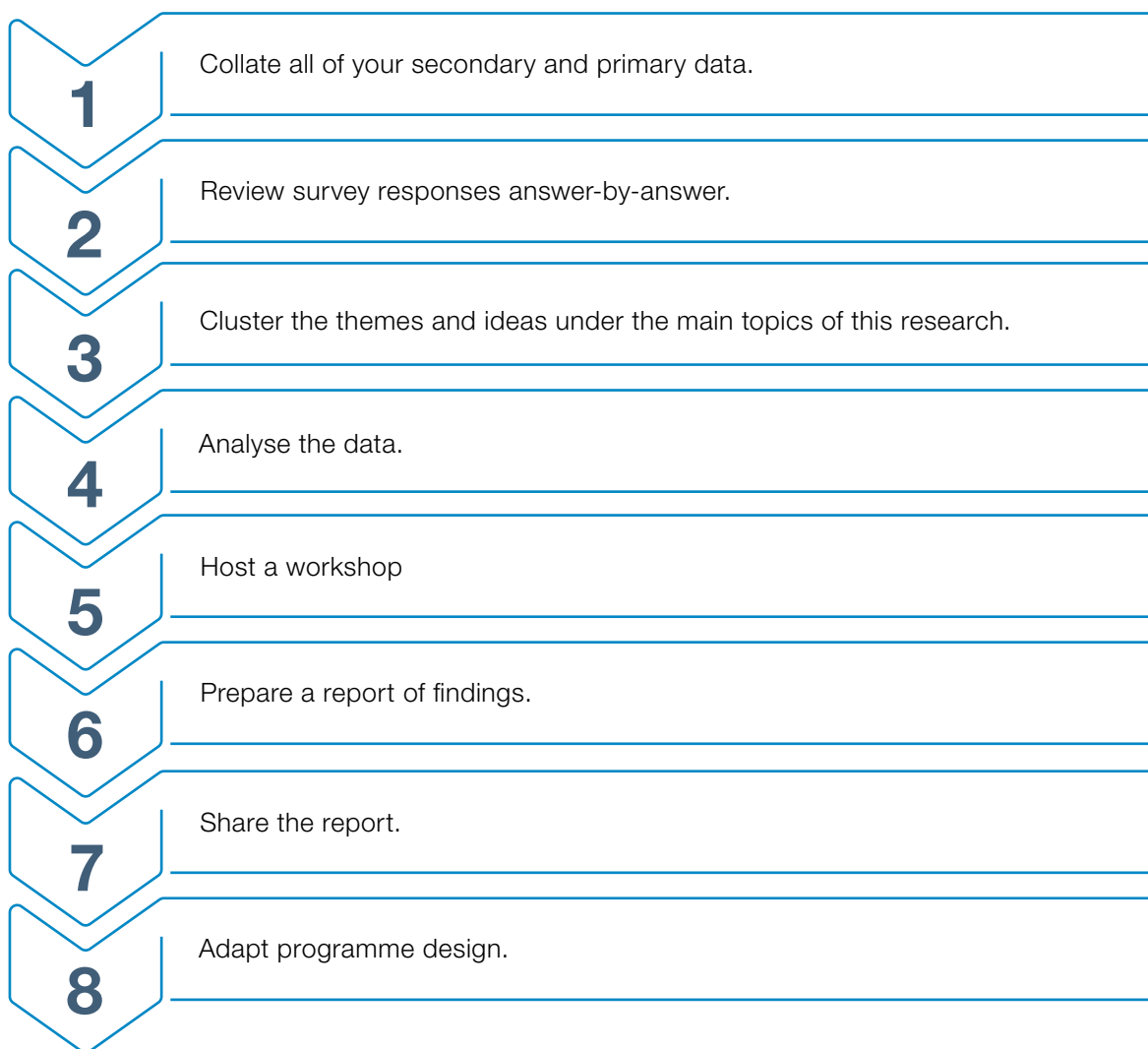
- Where possible, start to analyse the data whilst data collection is still happening. This enables you to feedback findings to enumerators as they collect data. It also enables you to identify and respond urgently to any protection issues that arise.
- Child protection, cash, and MEAL actors should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

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

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

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

Steps for analysis of survey data



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

- Aggregate your primary data to enable the identification of trends and patterns.
- Organise the survey responses, so you have all responses to question 1 together, all answers to question 2 together, etc.
- Where there are closed-ended questions, and you have been able to generate quantitative data – some form of straightforward statistical analysis may be possible. This will most likely be descriptive statistics. This will summarise the overall data and may be presented as figures or in visual form. 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 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 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 modalities are best suited to achieve which CP outcomes;
- iv. Risks of implementing CVA (Child protection risks (**RIS**), family and community level-negative coping strategies (**NEG**), issues relating to Protection from Sexual Exploitation and Abuse (**PSEA**), and Child safeguarding (**CSG**);
- v. Which CVA modalities 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.
- Immediately act to address any risks identified – as they are identified.
- Follow-up to ensure action is taken to address any risks that may be presented by CVA.

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

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 receiving cash/voucher support from *[name of agency providing cash]*. The questions focus on safety and protection benefits related to the cash/voucher assistance and will help *[cash actor]* *[and/or]* *[child protection agency]* improve their programmes and the safety of those involved in cash/voucher assistance. You can answer the questions based on your own experience or you can answer based on people you know who have had similar experiences.”

Subject matter of the survey:

“The survey will ask questions to understand:

- How the cash/voucher assistance you have been receiving may have improved the situation for 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.⁴⁸

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

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

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

⁴⁸ 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 any time.”

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, and 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 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 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
Telephone number
E-mail address”

“Please 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 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 refer back to what we discuss 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 recordings.

Section 2: Respondent details

Q. 2.1. Can we note your gender and age?

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

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

Q 2.2: 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			

Section 3: Improvements to cash and voucher assistance for children and their families

Q. 3.1. How can [*Cash actor*] improve the CVA programme for children and their families? (BEN, MIT)

--

Q. 3.2. How can [*Cash actor*] make the CVA programme safer for children and their families? (MIT)

--

Q. 3.3. What actions do you or your family take to help stay safe when you receive the cash or vouchers as part of this programme? (MIT)

<i>Answer option 1</i>	<hr/>
<i>Answer option 2</i>	<hr/>
<i>Answer option 3</i>	<hr/>
<i>Answer option 4</i>	<hr/>
<i>Answer option 5</i>	<hr/>

Q. 3.3.1. Who is safer when receiving cash or vouchers because of these actions to stay safe? (Select all answers that apply).

A. Adults in the home	
A. Children in the home	
A. Older people in the home	
A. Girls	
A. Boys	
A. Younger children (0-12 years old)	
A. Older children/adolescents (13-17 years old)	
A. Members of the household with disabilities	
A. Other, please specify.	

Q. 3.4. How safe do you and members of your household feel when receiving CVA?

The delivery mechanism options in the questions below should be adjusted based on the options available in the context. The enumerator may need to use different words to explain the different mechanisms.

Q. 3.4.1. On a scale of 1 to 3, where 1 is very unsafe and 3 is very safe, rank [Mobile Money] Tick answer given.

1. Very unsafe	2. Somewhat safe	3. Very safe

Q. 3.4.1.1. Why did you give this ranking?

--

Q. 3.4.2. On a scale of 1 to 3, where 1 is very unsafe and 3 is very safe, rank [Mobile Wallet] Tick answer given.

1. Very unsafe	2. Somewhat safe	3. Very safe

Q. 3.4.2.1. Why did you give this ranking?

--

Q. 3.4.3. On a scale of 1 to 3, where 1 is very unsafe and 3 is very safe, rank [Transfer through Hawala network] Tick answer given.

1. Very unsafe	2. Somewhat safe	3. Very safe

Q. 3.4.3.1. Why did you give this ranking?

--

Q. 3.4.4. On a scale of 1 to 3, where 1 is very unsafe and 3 is very safe, rank [ATM Card] Tick answer given.

1. Very unsafe	2. Somewhat safe	3. Very safe

Q. 3.4.4.1. Why did you give this ranking?

--

Q. 3.4.5. On a scale of 1 to 3, where 1 is very unsafe and 3 is very safe, rank [Transfers through traders] Tick answer given.

1. Very unsafe	2. Somewhat safe	3. Very safe

Q. 3.4.5.1. Why did you give this ranking?

--

Q. 3.4.6. On a scale of 1 to 3, where 1 is very unsafe and 3 is very safe, rank [Cash in hand] Tick answer given.

1. Very unsafe	2. Somewhat safe	3. Very safe

Q. 3.4.6.1. Why did you give this ranking?

--

Q. 3.5. For any options that you have said are “very unsafe,” can you tell us if anyone is particularly at risk because they lack safety?

--

Q. 3.5.1 For any options that you have said are “very unsafe,” can you tell us if you have strategies to make this option safer?

--

Q. 3.6. Would you prefer to receive the CVA in a different way in the future?

Yes	
No	

If yes:

Q. 3.6.1. How would you like the cash and voucher assistance to change?

A. Amount.	
A. Frequency.	
A. Modality (the way in which the transfer is made to you).	
A. Person receiving the CVA on your behalf.	
A. Person providing the CVA. [This question should only be asked if there is an option for changing the person providing the CVA.]	
A. Other change to the CVA? Please specify in what way you would like it to change.	

If they say they want the person receiving the CVA on their behalf to change:

Q. 3.6.1.1. If you would like the person receiving the CVA on your behalf to change, how would like the person to change and why?

Q 3.7. How safe do you and other members of your household feel when you spend your CVA? (MIT).

1. Very unsafe

2. Somewhat safe

3. Very safe

Q. 3.7.1. Can you explain why you answered this way?

Q 3.7.2. Do you take actions to feel safer when you spend your CVA?

Yes

No

Q .3.7.3. If yes, what actions do you take?

Q. 3.7.4. Are there different actions you take to keep different members of the household safe?

Yes

No

Q. 3.7.5. If yes, what are these strategies and who do they apply to?

Section 4: Payment or favour

Confidentiality and opt-out script: Use this script in all interviews/surveys before asking the Section 5 questions. Doing so reminds participants about opting out, confidentiality, best interests, and mandatory reporting, as discussed during the introduction.

Before we start the next set of questions, I want to remind you about some things we discussed at the beginning of the survey:

- 1) You have a right not to answer any questions that make you feel uncomfortable. We can either:**
 - Skip these questions and go to section 6. ***OR***
 - You can end the survey at this stage and leave.
- 2) We will keep these discussions as confidential as possible. We have put mechanisms in place to keep your identity confidential. And we will not share identifiable information with others unless you consent. ***HOWEVER,*****
- 3) If you disclose an incident of harm to a child, or an incident of exploitation or abuse caused by a service provider's staff, programmes or operations, we have to address it. We will aim to address the issue without putting you at risk and without disclosing your identity. Anything you tell me will be kept as confidential as possible.**

Q 4.1. Is it clear how and why you were chosen by [cash actor] to receive cash or vouchers? (CSG).

Yes

No

If yes:

Q. 4.1.1. If yes, how did they make it clear?

If no:

Q. 4.1.2. If no, what is unclear? What makes it unclear?

Immediately report any sexual exploitation and abuse raised during responses to questions 4.2 and 4.3. Adhere to organisational mandatory reporting requirements when reporting (that is who you report to within what time frame). Support must be offered to survivors of any exploitation or abuse.

Q 4.2. Did you, anyone else in your household, or anyone else you know have to, or get asked to, do or give anything in exchange for REGISTERING for the cash/voucher assistance? (CSG).

Yes

No

If yes:

Q. 4.2.1. Who made you, or asked you to, do or give anything to register for cash or voucher assistance?

Q. 4.2.2. What were you asked or made to do or give to register for the cash or voucher assistance?

Q. 4.2.3. Were any of your children asked or made to do or give anything to register for the cash or voucher assistance?

Q. 4.2.4. What and who asked them to do or give something to register for the cash or voucher assistance?

Q 4.3. Did you or do you know anyone else who had to do or give anything in exchange for the cash/voucher assistance you have received? (CSG).

Yes

No

If yes:

Q. 4.3.1. Who made or asked you to do or give something for the cash or voucher assistance?

--

Q. 4.3.2. What were you asked or made to do or give for the cash or voucher assistance?

--

Q. 4.3.3. Were any of your children asked or made to do or give something for the cash or voucher assistance?

--

Q. 4.3.4. What and who asked them to do or give something for the cash or voucher assistance?

--

Q 4.4. Do you know if this request for an exchange of something for registration or receipt of CVA was reported to anyone? (CSG).

Yes

No

If no:

Q. 4.4.1. Why was the incident not reported?

Select all that apply

A. Did not know who to report the incident to.

A. Was afraid to report the incident.

A. Believed the incident was normal/not important.

A. Did not believe anything could be done to prevent the incident.

A. Did not believe anything would be done.

A. Do not know why it was not reported.

A. Other, please specify.

--

If yes:

Q. 4.4.2. Who reported the concern?

--

Q. 4.4.2.1. Who was the issue reported to?

--

Q. 4.4.2.2. Was there a satisfactory outcome from reporting the concern?

--

Section 5: Safety in the community

Q. 5.1. On a scale of 1 – 3, where 1 = is worse, 2 = no change and 3 = better, would you say that your child/children’s or other households’ children’s general safety is better or worse than before you started receiving the CVA?

1. Worse.	2. No change.	3. Better.

Q. 5.1.1. If better or worse, what caused the change to the children’s level of safety?

--

Q. 5.1.2 If ranked 1 (worse), can you explain your answer? How has children’s safety has become worse?

--

Q. 5.2. Did your child/children or children in other households that you know experience any risks to their safety because they received the cash or vouchers? (RIS)
(Remind the respondent they can opt out of answering this question.)

Yes	
No	

If no:

Q. 5.2.1. Why was the risk not reported?

Select all that apply

A. Did not know who to report the risk to.
A. Was afraid to report the risk.
A. Felt the risk was normal/not important.
A. Did not believe anything could be done to prevent the risk.
A. Did not believe anything would be done.
A. Do not know why it was not reported.
A. Other, please specify.

If yes:

Q. 5.2.2. What safety risks did children face?

Q. 5.2.2.1 Where did these risks occur?

Q. 5.2.2.2 Did the risk facing children get reported to anyone?

Q. 5.2.2.3 Did the person/organisation who the risk was reported to support the child/their family in reducing that risk or preventing further/future risk?

Q. 5.2.2.4 How did the organisation/person support the child/family who experienced this risk?

If the risk was not yet reported...

Q. 5.2.2.5 Would you like to discuss options for reporting the risk that you know about?

Q. 5.3: Are there any specific groups of children who face more risks in this setting? (RIS)

Enumerator can select as many responses as are relevant.

A: Girls	A: Children with disabilities or chronic illness
A: Boys	A: Older children/adolescents (9-17-years-old)
A: Younger children (0-8)	A: Babies/infants (0-2-years-old)
A: Children from a specific ethnic group	A: Children from a specific socio-economic group
A: Asylum-seeking/refugee children	A: Stateless children
A: Children from a specific religious group	A: Out-of-school children
A: Working children	A: Children who live or work on the street
A: Child-headed households	A: Unaccompanied or separated children
A: Child in a female-headed household	A: Child in a household headed by an older person

If yes:

Do you feel comfortable telling us about what characteristics they are and how they put you and/or certain children at risk?

Q. 5.4. Has the cash or voucher assistance improved relations with others outside the home or with other community groups [e.g. school-going vs. out-of-school children, host communities, followers of other political parties, IDPs/Refugees, etc.]? (BEN)

Yes	
No	

Follow-up both yes and no answers with...

Q. 5.4.1. How?

Q. 5.5. Has the cash or voucher assistance worsened relations with others outside the home or with other community groups [e.g. school-going vs. out of school children, host communities, followers of other political parties, IDPs/Refugees, etc.]? (RIS).

Yes	
No	

Follow-up both yes and no answers with...

Q. 5.5.1. How?

Section 6: Relations within the home

Q. 6.1. Has the cash transfer improved relations between the children and adults within your household or other households you know? (BEN).

Yes	
No	

If yes: **Q. 6.1.1. How? What do you think has caused relations in your household or other households to improve?**

Q. 6.2. Has the cash transfer worsened relations between the children and the adults within your household or other households you know? (RIS)

Yes	
No	

If yes: **Q. 6.2.1. How? What do you think is causing the relations within your household or other households you know to worsen?**

Q. 6.3. Is there abuse or tension between members of the household because of the CVA? (RIS)

Yes	
No	

If yes:

- You do not have to probe, but allow respondents the time to share more if they feel comfortable.
- Remind the respondent that they can opt-out of answering these questions.

Q. 6.3.3. Do you feel comfortable telling us a bit more about this?

- What do you think is causing the abuse or tensions?**
- Who is experiencing this tension?**

Q. 6.4. Has the level of violence in your household or other households you know changed since you started receiving cash or vouchers? (RIS)

Yes	
No	

If yes:

- You do not have to probe, but allow respondents the time to share more if they feel comfortable.
- Remind the respondent that they can opt-out of answering these questions.
- Also, remind them not to speak of individual cases and children – but rather groups of individuals, categories of children, and/or patterns within those at risk.

Q. 6.4.1. Do you feel comfortable telling us anything about who (girls/boys, younger or older children, etc.) is experiencing violence and what you think is causing it?

--

OFFER CONTACT DETAILS FOR SUPPORT THAT IS AVAILABLE IF THE RESPONDENT WOULD LIKE IT.

- [*Name psychosocial*] support service provider.
- [*Telephone number*] psychosocial support service provider.
- [*E-mail address*] psychosocial support service provider.

Q. 6.5. Overall, do you think children’s safety in your community is better or worse than before CVA started?

A. Life overall is better.	
A. Life is worse.	

If worse

Q. 6.5.1. Do you feel comfortable telling us more about how things are worse for children now and what you think is causing this?

--

Section 7: Control

Q. 7.1. Who within your household, or households you know, is using the CVA received?

--

Q. 7.2. Over the past [30 days/90 days], has decision-making about spending and/or saving changed in your household or other households you know?

Yes	
No	

If yes:

Q. 7.2.1. How?

--

Section 8: Coping

(NEG.)

We will now ask some questions to try to understand the impact of CVA on children in your household. We will try to understand what services children are able to access and what risks they may be facing.

Q. 8.1. Over the past [30 days/90 days] have girl children in your household attended school?

	#girls
Yes	
No	

If yes:

Q.8.1.1. Over the past [30 days/90 days], have girls in your household between the ages of 6-8 attended school?

[A: Note the number of girls who have attended school].

Q.8.1.2. Over the past [30 days/90 days], have girls in your household between the ages of 9-14 attended school?

[A: Note the number of girls who have attended school].

Q.8.1.3. Over the past [30 days/90 days], have girls in your household between the ages of 15-17 attended school?

[A: Note the number of girls who have attended school].

Q.8.1.4. If girls are going to school, what has made it possible for them to go?

Q. 8.2. Over the past [30 days/ 90 days], have girls in your household performed unpaid work around the house and in the community?

	#girls
Yes	
No	

If yes:

Q.8.2.1. Over the past [30 days/ 90 days], have girls in your household between the ages of 3-5 performed unpaid work around the house and in the community?

[A: Note the number of girls who have performed unpaid work].

Q.8.2.2. Over the past [30 days/ 90 days], have girls in your household between the ages of 6-8 performed unpaid work around the house and in the community?

[A: Note the number of girls who have performed unpaid work].

Q.8.2.3. Over the past [30 days/ 90 days], have girls in your household between the ages of 9-14 performed unpaid work around the house and in the community?

[A: Note the number of girls who have performed unpaid work].

Q.8.2.4. Over the past [30 days/ 90 days], have girls in your household between the ages of 15-17 performed unpaid work around the house and in the community?

[A: Note the number of girls who have performed unpaid work].

Q.8.2.5. If girls have had to engage in unpaid work, what kind of activities have they had to engage in? What has caused them to have to work if they did not before the 30/90 days?

Q. 8.3. Over the past [30 days/90 days], have girls in your household participated in income-generating activities (including begging)?

	#girls
Yes	
No	

If yes:

Q.8.3.1. Over the past [30 days/90 days], have girls in your household between the ages of 0-5 participated in income-generating activities (including begging)?

[A: Note the number of girls who have participated in income-generating activities].

Q.8.3.2. Over the past [30 days/ 90 days], have girls in your household between the ages of 6-8 participated in income-generating activities (including begging)?

[A: Note the number of girls who have participated in income-generating activities].

Q.8.3.3. Over the past [30 days/ 90 days], have girls in your household between the ages of 9-14 participated in income-generating activities (including begging)?

[A: Note the number of girls who have participated in income-generating activities].

Q.8.3.4. Over the past [30 days/ 90 days], have girls in your household between the ages of 15-17 participated in income-generating activities (including begging)?

[A: Note the number of girls who have participated in income-generating activities].

Q.8.3.5. If girls have had to generate income, what kind of activities have they had to engage in? What has caused them to have to engage in income-generating activities if they did not before the 30/90 days?

Q. 8.4. Over the past [30 days/90 days], have girls in your household gotten married?

	#girls
Yes	
No	

If yes:

Q.8.4.1. Over the past [30 days/90 days], have girls in your household between 9-14-years-old gotten married?

[A: Note the number of girls who have gotten married].

Q.8.4.2. Over the past [30 days/90 days], have girls in your household between 15-17-years-old gotten married?

[A: Note the number of girls who have gotten married].

Q. 8.5. Over the past [30 days/90 days], have boys in your household attended school?

	#boys
Yes	
No	

If yes:

Q.8.5.1. Over the past [30 days/90 days], have boys in your household between the ages of 6-8 attended school?

[A: Note the number of boys who have attended school].

Q.8.5.2. Over the past [30 days/90 days], have boys in your household between the ages of 9-14 attended school?

[A: Note the number of boys who have attended school].

Q.8.5.3. Over the past [30 days/90 days], have boys in your household between the ages of 15-17 attended school?

[A: Note the number of boys who have attended school].

Q.8.5.4. If boys are going to school, what has made it possible for them to go?

Q. 8.6. Over the past [30 days/ 90 days], have boys in your household performed unpaid work around the house and in the community?

	#boys
Yes	
No	

If yes:

Q.8.6.1. Over the past [30 days/ 90 days], have boys in your household between the ages of 3-5 performed unpaid work around the house and in the community?

[A: Note the number of boys who have performed unpaid work around the house and in the community].

Q.8.6.2. Over the past [30 days/ 90 days], have boys in your household between the ages of 6-8 performed unpaid work around the house and in the community?

[A: Note the number of boys who have performed unpaid work around the house and in the community].

Q.8.6.3. Over the past [30 days/ 90 days], have boys in your household between the ages of 9-14 performed unpaid work around the house and in the community?

[A: Note the number of boys who have performed unpaid work around the house and in the community].

Q.8.6.4. Over the past [30 days/ 90 days], have boys in your household between the ages of 15-17 performed unpaid work around the house and in the community?

[A: Note the number of boys who have performed unpaid work around the house and in the community].

Q.8.6.5. If boys have had to work, what kind of activities have they had to engage in? What has caused them to have to do unpaid work if they did not before the 30/90 days?

Q. 8.7. Over the past [30 days/90 days], have boys in your household participated in income-generating activities (including begging)?

	#boys
Yes	
No	

If yes:

Q.8.7.1. Over the past [30 days/90 days], have boys in your household between the ages of 0-5 participated in income-generating activities (including begging)?

[A: Note the number of boys who have participated in income-generating activities].

Q.8.7.2. Over the past [30 days/ 90 days], have boys in your household between the ages of 6-8 participated in income-generating activities (including begging)?

[A: Note the number of boys who have participated in income-generating activities].

Q.8.7.3. Over the past [30 days/ 90 days], have boys in your household between the ages of 9-14 participated in income-generating activities (including begging)?

[A: Note the number of boys who have participated in income-generating activities].

Q.8.7.4. Over the past [30 days/ 90 days], have boys in your household between the ages of 15-17 participated in income-generating activities (including begging)?

[A: Note the number of boys who have participated in income-generating activities].

Q.8.7.5. If boys have had to generate income, what kind of activities have they had to engage in? What has caused them to have to engage in income-generating activities if they did not before the 30/90 days?

Q. 8.8. Over the past [30 days/90 days], have boys in your household gotten married?

	#boys
Yes	
No	

If yes:

Q.8.8.1. Over the past [30 days/90 days], have boys in your household between the ages of 9-14 years gotten married?

[A: Note the number of boys who have gotten married].

Q.8.8.2. Over the past [30 days/90 days], have boys in your household between the ages of 15-17 years gotten married?

[A: Note the number of boys who have gotten married].

Q. 8.9. Over the past [30 days/90 days], have adult members of the family who did not previously work begin *working/generating income* in order to cover costs relating to children in this household?

Yes	
No	

If yes:

Q.8.9.1. What costs? What caused them to start working?

Q. 8.10. Over the past [30 days/90 days], have members of the family engaged in high-risk and/or low-paying [*jobs/income generation*] in order to cover costs relating to children in this household?

Yes	
No	

If yes:

Q.8.10.1. What costs? What caused them to engage in high-risk and/or low-paying work?

Q. 8.11. Over the past [*30 days/90 days*], have people in this community exchanged sexual acts for cash or goods to cover costs relating to children in their household?

Yes	
No	

If yes:

Q.8.11.1. What costs? What caused them to exchange sexual acts for cash or goods?

Section 9: Children who are or identify as LGBTI (RIS)

Q. 9.1. Are there any children in your household who are, or identify as, lesbian, gay, bisexual (are attracted to people of the same gender or both genders), transgender (identify as the opposite gender to their sex at birth), or intersex (have a combination of male and female characteristics) (LGBTI)?

	# of children
Yes	
No	

If yes... Are children who are, or identify as, lesbian, gay, bisexual, transgender, or intersex...

Q. 9.2. More likely to be pulled out of school?

Yes	
No	
If yes, please explain:	

Q. 9.3. More likely to perform unpaid work around the house and in the community?

Yes	
No	
If yes, please explain:	

Q. 9.4. More likely to participate in income-generating activities (including begging)?

Yes	
No	
If yes, please explain:	

Q. 9.5. More likely to have gotten married?	
Yes	
No	
If yes, please explain:	

Section 10: Children with disabilities (RIS)

Q. 10.1. Are there any children in your household who are living with disabilities?		
	# girls	# boys
Yes		
No		

If yes: The following set of questions are based on the [Washington Group Short Set of Disability Questions \(WG-SS\)](#). They can help you establish the form of disability a child has and enable disaggregated data analysis.

If yes:

Q.10.1.1. How many?				
0-2-years-old	3-5-years-old	6-8-years-old	9-14-years-old	15-17-years-old

If yes:

Q.10.1.2. What form of disability or chronic illness do they have?
<p>Q.10.1.2.1. [Do/Does] [you/he/she] have difficulty seeing, even if wearing glasses? Would you say... <i>[Read response categories aloud – select only one category]</i></p> <p>No difficulty Some difficulty A lot of difficulty Cannot do at all Refused Don't know</p>
<p>Q.10.1.2.2. [Do/Does] [you/he/she] have difficulty hearing, even if using a hearing aid(s)? Would you say... <i>[Read response categories aloud – select only one category]</i></p> <p>No difficulty Some difficulty A lot of difficulty Cannot do at all Refused Don't know</p>
<p>Q.10.1.2.3. [Do/Does] [you/he/she] have difficulty walking or climbing steps? Would you say... <i>[Read response categories aloud – select only one category]</i></p> <p>No difficulty Some difficulty A lot of difficulty Cannot do at all Refused Don't know</p>

Q.10.1.2.4. [Do/does] [you/he/she] have difficulty remembering or concentrating? Would you say...

[Read response categories aloud – select only one category]

- No difficulty
- Some difficulty
- A lot of difficulty
- Cannot do at all
- Refused
- Don't know

Q.10.1.2.5. [Do/does] [you/he/she] have difficulty with self-care, such as washing all over or dressing? Would you say...

[Read response categories aloud – select only one category]

- No difficulty
- Some difficulty
- A lot of difficulty
- Cannot do at all
- Refused
- Don't know

Q.10.1.2.6. Using [your/his/her] usual language, [do/does] [you/he/she] have difficulty communicating? For example, understanding or being understood? Would you say...

[Read response categories aloud – select only one category]

- No difficulty
- Some difficulty
- A lot of difficulty
- Cannot do at all
- Refused
- Don't know

Q. 10.2. Have children with disabilities' overall safety increased since cash and voucher assistance began?

Yes		
No		

If yes:

Q.10.2.1. What do you think has caused the increase in safety?

Q.10.2.2. Has the increase in safety been different for boys versus girls versus LGBTI children living with disabilities?

- Yes
- No

If yes:

Q.10.2.2.1. How is it different for girls versus boys versus LGBTI children living with disabilities?

Q. 10.3. Have risks to children with disabilities increased since the start of cash and voucher assistance?

Yes

No

If yes:

Q.10.3.1. What do you think has caused the increased risk?

Q.10.3.2. Has the increase in safety been different for boys versus girls versus LGBTI children living with disabilities?

Yes

No

If yes:

Q.10.3.2.1. How is it different for girls versus boys versus LGBTI children living with disabilities?

Q. 10.4. How can cash and voucher assistance be improved to reduce risk and increase the protection of children with disabilities? (MIT).

Yes

No

Q.10.4.1. Are there different actions that could be taken for girls versus boys versus LGBTI children living with disabilities?

Section 11: Sustainability

Q. 11.1. Do you think that you or children in your household may face new risks after the cash transfer programme ends and [Cash provider] leaves? (RIS)

Yes

No

If yes:

Q.11.1.1. What risks do you think you will face?

Q.11.2.1. What risks do you think the children in your household will face?

Q.11.3.1. Which children will face the greatest risks? What places these children at greatest risk?

Section 12: Final questions

Q. 12.1. Do you want to report anything else related to your safety and the cash or voucher assistance you are receiving?

Yes

No

If yes:

Q.12.1.1. What would you like to report about your safety and the cash or voucher assistance you are receiving?

Q. 12.2. Do you want to report anything else related to the safety of children living in your household and the cash or voucher assistance you are receiving?

Yes

No

If yes:

Q.12.2.1. What would you like to report about the safety of children living in your household and the cash or voucher assistance you are receiving?

Section 12: Closing

“Thank you for your time. Your answers will help improve our support to you 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 it out, you may contact the following person:

Name

Organisation

Telephone number

E-mail address

Good-bye.”