Toolkit for Monitoring and Evaluating Child Protection when using Cash and Voucher Assistance

Tool 4: Guidance on how to analyse the data

FIELD TESTING VERSION APRIL 2021

Contents

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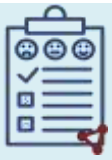
Acronyms and abbreviations

ACF	Action Contre la Faim
CP	Child Protection
CP and CVA M&E Toolkit	Toolkit for monitoring and evaluating child protection when using cash and voucher assistance
CPWG	Child Protection Working Group
CSV	Comma Separated Values
CVA	Cash and voucher assistance
FGD	Focus group discussion
IRC	International Rescue Committee
MEAL	Monitoring, Evaluation, Accountability and Learning
M&E	Monitoring and evaluation
OCHA	United Nations Office for the Coordination of Humanitarian Affairs
PSEA	Protection from sexual exploitation and abuse

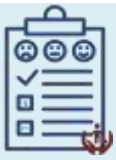
Introduction

This tool, "Tool 4: Guidance on how to analyse the data," is part of the "Toolkit for monitoring and evaluating child protection when using cash and voucher assistance" (CP and CVA M&E Toolkit). The data collection tools in the toolkit are:

Tool 1: FGD tool to identify CP benefits and risks before starting CVA.



Tool 2: A survey tool for all humanitarian actors implementing CVA.



Tool 3: A survey tool for child protection caseworkers.

This tool will guide you on how to analyse the data generated from using the Toolkit for monitoring and evaluating child protection when using cash and voucher assistance. Analysis of the data generated using Tools 1, 2 and 3 will help you to answer the following questions:

(1) What positive child protection outcomes may result from the use of CVA?
(2) What child protection risks may arise when using CVA?
(3) What strategies exist for mitigating child protection risks associated with CVA?
(4) How well are risk mitigation strategies working?

This will subsequently help you to adjust cash and voucher assistance and child protection programmes to minimise harm and maximise benefits to children.

The guidance here proposes using thematic analysis for Tool 1. Whilst there are a variety of quantitative data analysis packages available, this guidance suggests using Kobo to analyse the quantitative survey data gathered using Tools 2 and 3. Therefore, two Excel spread sheets that are compatible with Kobo accompany this guidance. These are available on the website: https://resourcecentre.savethechildren.net/toolkit-monitoring-and-evaluating-cpcva.

Where possible, conducting a secondary data review prior to primary data collection. This will involve look at existing data and information relevant to understanding the links between CVA and child protection. Carrying out a secondary data review is a cost-effective way to triangulate your primary data. Example complementary sources of information are: child protection situation analysis; needs assessment reports; baseline data on livelihoods and child protection; programme documents (programme proposals; logframes; strategic and operational plans; CVA recipient lists; etc.).

Other relevant guidance that may help you with data analysis

One particularly useful document you may wish to reference is: Multi-Sectoral Monitoring & Evaluation: A Practical Guide for Fieldworkers, ACF, 2016. See in particular Sections 2.5 – 2.6 on pages 59 – 65 and Sections 3.5 – 3.7 on pages 77 – 78. The full ACF M&E Guidelines, available here, https://drive.google.com/drive/folders/0B4S4aIA1YfAXN0RHM1dZbkE3UTQ, contain many other annexes and tools that may be of use.

Who is this data analysis tool for?

This tool is for actors working in CP, CVA and M&E. M&E staff in most cases will lead the analysis process and an inter-sectoral team – including child protection, cash and voucher assistance colleagues, and other sector staff – should provide core technical support for interpretation of the findings. This team should include individuals either from across agencies (if this is an interagency initiative) or from different teams within your organisation.

Which data collection tools did you use and what was your sample size?

The data collection tools used, the sampling techniques and sample size will impact upon the form of data analysis you are able to carry out.

Tool 1, the FGD tool, will provide qualitative data. It is possible to quantify FGD data and carry out advanced data analysis on the results. However, the FGD tool provided is primarily designed to gather qualitative information to inform your programme design.

Tools 2 and/or 3, the two survey tools, will produce information that can be more easily quantified, allow for advanced data analysis and can generate findings that may be statistically significant. These are better for producing a statistical baseline data.

Sampling methods and size: You may have used one of a range of sampling methods.[1] Your sampling method and sample size will influence the accuracy 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 size**, it is recommended that you:

- Use a purposive sampling method;
- Triangulate your findings;
- Present your analysis in a qualitative form;
- Clarify that your findings are not fully representative of the whole population; and,
- Recognise that you cannot track trends over time.

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.

[1] Examples include probability sampling, non-random/non-probability sampling, or exhaustive sampling. There is an overview of sampling methods on pages 139–150 of ACF's Multi-Sectoral Monitoring & Evaluation: A Practical Guide for Fieldworkers.

What are the steps in the data analysis process?

Suggested main steps in the data analysis process are set out in the table below. The steps for handling the data are broadly the same for both the focus group discussion and survey data. Specificities to the handling of qualitative versus quantitative data are discussed in more detail below, under the description of each step.

Details relating to qualitative data analysis (Data collected using Tool 1)	Details relating to quantitative data analysis (Data collected using Tools 2 and 3)
Step 1: Select a data analysis software package	
• Qualitative data can be manually transcribed or you can use software to do this.	• A range of software packages are available, including Kobo, SurveyMonkey, Excel, SPSS and STATA. • This toolkit is accompanied by two spreadsheets for use with Kobo.
Step 2: Upload the full dataset	
• Transcribe the data (discussion responses) into relevant software (e.g. MS Word, NVivo).	• Input paper forms into Kobo. • Upload data from all enumerators.
Step 3: Collate all your primary data and carry out preliminary analysis	
• Note main themes and emerging commonalities. • Do not overlook details relating to specific at risk groups; or child protection risks, even if rarely mentioned.	• Export the data from Kobo using your preferred format, such as Excel or CSV.[2] • Analyse the survey data by importing the data to SPSS or STATA and running the desired analysis functions.
Step 4: Review the data and set out the findings	
• Cluster the qualitative and quantitative data findings under the headings of the four main research questions: 1/ What positive child protection outcomes may result from the use of CVA? 2/ What child protection risks may arise when using CVA? 3/ What strategies exist for mitigating child protection risks associated with CVA? 4/ How well are risk mitigation strategies working?	
Step 5: Present, discuss, interpret, and validate the data	
Run a workshop where you will present and discuss the data to enable joint interpretation. Ideally you should interpret the data through consensus, and validate the findings with the engagement of a wider group.	
Step 6: Prepare products to share findings and interpretations more widely	
Prepare a full narrative report; a summary; and other products to represent the findings to a wider audience. This should be accompanied by a dissemination a plan.	
Step 7: Adapt your programme's design	
• Document a plan of action, including roles and responsibilities of named individuals. • Agree who will monitor and follow-up to ensure action is taken.	

[2] Comma Separated Values (CSV) is a file format commonly used in data analysis. It is compatible with statistical analysis software packages such as SPSS or STATA. Kobo gives you the option to export the data in CSV format or excel format for further analysis.

Step 1: Select a data analysis software package

The first step in carrying out data analysis is to decide whether you will be using data analysis software and if so, which software package you will use. For qualitative data gathered using Tool 1, there are pros and cons in relation to using software. For quantitative data collected using Tools 2 and 3, there is a clear need to use some form of software to facilitate the process, and the more important question is which package best fits your needs.

Qualitative data (Tool 1):
The main advantages and disadvantages of using qualitative data analysis software are outlined in the table below.

Advantages and disadvantages of using software to analyse qualitative data	
Advantages	**Disadvantages**
✓ Automation of manual and clerical tasks – including transcription of any interviews or discussion. This saves a significant amount of time. ✓ Ability to deal with a greater amount of data. ✓ Increased validity and objectivity of research findings.[3] ✓ Possible to collate a range of forms of data in one single place (audio, pictures, Portable Document Format (PDF) files, media data, etc.) ✓ Ease of creating visual analysis of your data at any point in the data entry and collation process. For example graphs, word clouds, matrixes, etc. ✓ Ability to combine some forms of quantitative data with your qualitative data. ✓ Can perform basic operations very rapidly. For example, identifying how many times a certain topic is raised; correlating information against the profile of certain research participants, etc. ✓ Facilitate data sharing and work across teams or agencies, though you do all need to have access to the same software.	× Automated analysis may overlook less frequently reported but significant and important information on benefits and risks to children. This is an especially great risk given the taboos and sensitivities surrounding discussions on exploitation and violence. × Accessing the software may require a financial investments × Users need to be trained on how the software works. × All staff needing access to the data and analysis will have to have the software. × There can be software compatibility issues with certain computers. × Some packages require frequent updates that have to be made through Internet connection. × Many platforms are only able to process data written in the Latin / Roman alphabet. × There may be a loss of depth of analysis. × Time and investment needed to install and train staff on the use of the software.

[3] St John, W., & Johnson, P. (2000). The pros and cons of data analysis software for qualitative research. *Journal of nursing scholarship : an official publication of Sigma Theta Tau International Honor Society of Nursing*, *32*(4), 393–397. https://doi.org/10.1111/j.1547-5069.2000.00393.x

The guidance below focuses on using manual techniques for analysing the qualitative data collected. The process suggested here focuses on a manual approach, as capturing more granular details on the risks, benefits, and mitigation strategies is important to complement the quantitative data collected through the survey tools, Tools 2 and 3. All this being said, there are a number of frequently used software packages for rapidly transcribing and/or analysing qualitative data, including SurveyMonkey and NVivo.

Quantitative data (Tools 2 and 3):
Examples of user-friendly, frequently used software packages for data storage, management, and analysis of quantitative data are: STATA and SPSS or Microsoft Excel. They can all be used to enter, store, and analyse data. Using software to support your data analysis will enable fast generation of visuals and enable you to identify patterns in your data and correlations between variables.

Kobo and SurveyMonkey are data collection tools that allow data collection, coding, and uploading to all happen simultaneously. They enable information to be collated very quickly and provide easy functions for generating basic descriptive charts and figures. They are not able to produce more advanced analysis.

Characteristics	Kobo	SurveyMonkey	Excel	SPSS and	STATA
Analysis	All can do data analysis and generate a range of charts, graphs, and tables. In Excel you need to manually generate pivot tables.				
Level of analysis	Can provide basic descriptive charts and figures.	Can provide basic descriptive charts and figures.	Can generate more advanced analysis.[4]	Can generate more advanced analysis.	Can generate more advanced analysis.
Costs	Free.	Monthly fee.	One time purchase.	Monthly fee.	One time purchase fee.
Mobile data collection	Can be used on mobile devices, even without internet connection.	Can be used on mobile devices, even without internet connection.	Manual data entry, you would need to create a mobile data collection app to be able to do mobile data collection.	No, but alternative software and applications are compatible with SPSS.	No, but alternative software and applications are compatible with STATA.
P[illegible]tribute of the software.			Negative[illegible]tribute of the software.		

Guidance on using software that can support data collection and analysis

- OCHA, Harvard Humanitarian Initiative (HHI) and the International Rescue Committee (IRC), KoBo Toolbox, https://www.humanitarianresponse.info/en/applications/kobotoolbox
- SurveyMonkey, Understanding your results,

[4] More advanced analysis includes options such as correlation or hypothesis testing.

https://help.surveymonkey.com/categories/Analyze_Results and How to Analyze Survey Results, https://help.surveymonkey.com/articles/en_US/kb/How-to-analyze-results

- Excel Easy, Data Analysis, https://www.excel-easy.com/data-analysis.html
- Microsoft, Analyze your data instantly, https://support.microsoft.com/en-us/office/analyze-your-data-instantly-9e382e73-7f5e-495a-a8dc-be8225b1bb78
- Video tutorials to guide you through the use of Excel to analyse your data can be found on YouTube. See for example: https://www.youtube.com/watch?v=Rs4082ewxgA&list=PL_onPhFCkVQjC-NEnfb7NXLskfFlzln7b

KoBo

- KoBo Toolbox is a free open-source tool for mobile data collection. It allows you to collect data in the field using mobile devices such as mobile phones or tablets, as well as with paper or computers.
- KoBo forms for the two surveys that are part of the CP & CVA M&E toolkit, Tools 2 and 3, have already been prepared for use at the country level. These are available at: https://resourcecentre.savethechildren.net/toolkit-monitoring-and-evaluating-cpcva.
- KoBo makes the data collection process swift. It improves data quality due to the various complex skip functions and restrictions. When compared to paper-based data collection, Kobo reduces time spent on data entry and thus also reduces costs.

Data protection:

- Kobo does NOT meet data protection standards for the storage of sensitive data. It should NOT be used to store identifiable information on children.

Contextualising the KoBo tools:

- For this CP & CVA M&E toolkit, generic KoBo versions of Tools 2 and 3 have been developed with no fields for specific country and field context. Country teams can contextualise by adding location specific questions in to the tool as well as providing a list of answer options. This will make the data interpretation more specific to the exact location where the information is collected.
- You will need to adapt the KoBo tools in line with any changes you make to the overall survey format when contextualising the survey tool. That is, when you are adjusting the survey format – adding or removing questions or changing the order – the same must happen in the KoBo forms.

Analysing data using KoBo:

- There are multiple ways to analyse KoBo data and use the data collected in KoBo for interpreting results.
- If you want to get a quick analysis from KoBo itself, please go to the data set and click “report”. Kobo will generate a report that includes “analysis” in the form of tables/charts. This can be exported for further modification and analysis.
- Alternatively, data from Kobo can be exported in CSV or Excel file formats for analysis in another software package. Exports work best with CSV output. They can work with Excel outputs, but results are best when you use a CSV version from the Excel file.

Analysing Kobo data using Excel

- If you want to analyse the data using Excel, start by downloading the Kobo data in the XLS format. Excel can provide excellent analytic options; generating charts and tables that can easily be copied into reports and presentations. For further guidance see: The KoboToolbox Excel Data Analyser v1.23 User Guide v0.1, that is available here https://www.humanitarianresponse.info/en/applications/kobotoolbox/document/data-analyser-manual and the the KoBoToolbox Excel Data Analyser v1.23 form that can be

downloaded here: https://www.humanitarianresponse.info/en/applications/kobotoolbox/document/kobotoolbox-excel-data-analyser-v123

Analysing Kobo data using SPSS or Stata

- Kobo Toolbox does not provide direct conversion for either SPSS or Stata. For guidance on how you can work around this challenge and download data that is compatible with SPSS or Stata see: https://support.kobotoolbox.org/converting_to_spss_and_stata.html

Step 2: Upload the full dataset

- Consider confidentiality throughout – remove any location names, individuals' names, or other identifying information. The identity of all individuals involved must be kept confidential.
- Double check that data has been gathered from all enumerators covering all locations where data was being gathered.

Qualitative data (Tool 1):

- Transcribe all the conversations held during focus group discussions or interviews.
- This may be done by either:
    1. Using transcription software that uses your audio recording to transcribe discussions, or
    2. Manually typing up the audio recording and / or any notes you have taken.
- **When using transcription software** that can convert audio files into text files…
    - You will still need to carry out some manual editing of the transcript when the software has completed the transcript.
- **When transcribing manually** you will be typing up your notes or the audio-recording(s) into Microsoft Word or another word processing package yourself…
    - You should write out all the answers as fully as possible, using the words of the original speakers.
    - Where you have noted them, give direct quotes in quotation marks ("…"), these can be useful when writing reports.
- **In both cases…**
    - Proofread and edit the completed transcript.
    - Identify the speakers in the discussion or interview, but do so confidentiality by assigning a code or anonymous identifier – e.g. say Woman 1, Woman 2, Man 1, Man 2, W1, W2, M1, M2, etc.

Quantitative data (Tools 2 and 3):

- Any paper forms completed should be input into Kobo, Excel, SurveyMonkey, SPSS, or whichever other software you are using.
- Confirm the synchronisation of the systems being used and that the upload of data from all enumerators in all locations is complete before proceeding to the next step in the process.

Cleaning and coding your primary data

Data cleaning ensures that any data you have collected is correct and consistent. Clean data is easier to combine with other data sources or sets and more easily read and analysed. Data cleaning can happen on paper forms; when data is being uploaded; or when consolidating digitised data in an analysis tool.

For all data gathered using Tools 1, 2 and 3:

- 'De-identify all the data collected. That means you should remove any people or place names, addresses, or other information that could indicate the identity of individuals

who participated in the FGDs, interviews, or survey.

- Harmonise formats and spelling. For example:
  - Dates can be presented as day, month year, or year, month, day. Dates can be presented in words and numbers or just in numbers. The way dates are listed should be the same for every entry.
  - The name of a single place can be spelt in a variety of ways. Or your data records may use a different alphabet to the one used in the setting. E.g. when the Roman alphabet is being used to transcribe responses given in for example Bengali, Cyrillic or Fidäl. The way these records are spelt in your dataset will need to be agreed and consistently used.
- Harmonise presentation of text. Change text to the proper case – lower or upper – so it will be easier to read when compiled and will not confuse software.
- Run a spell check.
- Delete all formatting – mixed formatting may make data harder to read once compiled.

Qualitative data (Tool 1):

- Generally, focus group discussion data that you are not wanting to convert to quantitative data will not require the same level of "cleaning and coding" as survey data.
- In addition to the above, you may want to harmonise or change some of the language slightly so you can see where there are strong trends in what people are saying. This is especially useful if you will be using software to carry out frequency analysis or develop word clouds. This must be done carefully so as not to lose the original intent of the speaker.
  - E.g. 1. You may wish to replace all the terms "children that work", "working children", "labouring children", "children engaged in work", "child work", etc. with the term "child labour". E.g. 2. You may wish to replace the terms "fish", "fisheries", "fisherman", with term "fishing". E.g. 3. You may wish to replace the terms "hurt", injure", "injury", "harmed", "scar" with "harm".

Quantitative data (Tools 2 and 3):

- Decisions are made about how the data will be coded when the forms are developed.
- When using handheld devices for data collection, for example when using Kobo, data entry/uploading happens when the data is being collected. For survey data, it is fastest and most efficient if data is "coded" during this data collection process. Enumerators will classify answers when completing the survey, selecting the answer option on their system that best fits with the responses given by the person they are interviewing.
- Work will need to take place after data collection to clean the data. For example:
  - Get rid of extra spaces and erroneous punctuation. These spaces and punctuation can affect the way software packages treat the data.
  - Select and treat all blank cells. For example, if blanks are when respondents chose to skip a question, you could enter the answer "skip" and then analyse at the end to find the number of skipped questions, and which questions were skipped most often.
  - Convert numbers stored as text into numbers. Ensure that all numbers are entered without punctuation so they will be treated correctly by your software analysis package.
  - Remove duplicate data. It may be that enumerators carrying out data re-entered the same respondent's replies twice. Sort all your data and review for duplicates. Remove any duplicates found.
  - Highlight errors for checking with enumerators before deciding how to address them. You may correct errors (e.g. by going back to the original forms) or remove entries where a correction cannot be identified.

- Code survey responses not yet coded.
  - E.g. 1 If enumerators have noted the specific age of all respondents, you will need to create age cohorts (e.g. 0-5, 6-12, 13-17, 18-29, 30-39, 40-49, 50-59, 60-69, 70-79, and 80+)[5].
  - E.g. 2. For questions on what risks children have faced, you will need to decide on categories of risk and assign every specific risk mentioned in survey responses to one of these categories. So children in domestic service, children working in the fields, children working in factories may all be placed in the category of "child labour" during the coding process. The Child Protection Minimum Standards provide a list of categories of risk. This can be adapted to context.

Step 3: Collate all your primary data and carry out preliminary analysis

Qualitative data (Tool 1):

- Aggregate your full set of primary data to enable the identification of trends and patterns.
- Organise the transcripts of the different FGD/ interviews so you have **all the** responses to question 1 together; **all the answers** to questions 2 together; etc. This enables you to compare answer by answer the responses that were gathered during FGDs and interviews.
- Retain any possible disaggregation of the data presented along the lines of gender, age, disability, geography, and other factors of vulnerability as relevant in the setting. This allows you to identify if there are specific geographic locations or sub-groups/populations of children at risk as a result of the interventions. Knowing about these risks will enable you to address them by designing: (a) appropriate preventive/risk mitigation strategies and (b) CVA that is more inclusive.
- Once you have a full data set you will want to find ways to summarise this to present the findings and allow an expert group to interpret the findings.
- **If using software to analyse the qualitative data**… it may be possible to do frequency analysis and / or generate word clouds. SurveyMonkey, for example, has this functionality.
- **If manually analysing the qualitative data…**
- Note the main themes discussed under each of the questions. These are the topics different categories of respondents repeatedly discuss.
- Identify emerging commonalities in what is discussed and experienced by different groups in the setting.
- Note also any differences between groups of respondents:
  - Do girls and women mention certain risks more than men?
  - Do boys and men feel at risk in certain areas?
- Identify outlying responses that may indicate areas of concern. Do not to overlook some of the singular responses that may highlight less commonly reported but very significant concerns, especially when they relate to at risk or often excluded group and child protection violations. For example:
  - If only one person mentions the possibility of sexual exploitation in relation to CVA this does not mean it is not common, it may be because it is a very taboo topic.

[5] The age categories suggested here are taken from Age and Disability Consortium (2018) Humanitarian inclusion standards for older people and people with disabilities, https://reliefweb.int/sites/reliefweb.int/files/resources/Humanitarian_inclusion_standards_for_older_people_and_people_with_disabi....pdf

  - Only one person may talk about the issues facing children with disabilities, as they are frequently excluded. However, there may be a significant number of children with disabilities that respondents are not aware of.
- Retain word-for-word quotes that are useful in summarising clearly the ideas and themes that have been presented in the FGDs / interviews.

Quantitative data (Tools 2 and 3):

- Once data has been uploaded in your data management software; cleaned; and coded it can automatically be collated. Most data analysis packages will enable you to easily change between a view of a single data entry and a collated data set.
- Once collated, some form of straight-forward statistical analysis should be possible.
- For Kobo, once all the data is uploaded you can export the data using your preferred format, such as Excel or CSV.
- Analyse the survey data by importing the data to SPSS or STATA and running the desired analysis functions.
- The depth of statistical analysis depends on the sampling techniques used. If you follow proper probability sampling techniques, you can carry out both descriptive and inferential statistical analysis.

Step 4: Review the data and set out the findings

This step is about bringing together the qualitative and quantitative to summarise what the data tells you without interpreting the information. You do not yet want to explain why things are happening, just summarise what is happening as shown by the data. E.g. you may see that girls receiving cash are at higher risk of experiencing sexual exploitation. You will not yet look at why they are at higher risk.

- For qualitative data highlight (a) the main commonalities and (b) significant outlying information on child protection violations and at-risk groups.
- For quantitative data list any positive or negative correlations between variables.
- Cluster all the qualitative and quantitative data findings – including any visuals, quotes, text, and/or figures – under the four main questions of this research.
- The four main research questions are: 1/ What positive child protection outcomes may result from the use of CVA? 2/ What child protection risks may arise when using CVA? 3/ What strategies exist for mitigating child protection risks associated with CVA? 4/ How well are risk mitigation strategies working?
- The table below lists the main research questions, identifying within each of the three data collection tools which questions provide answers to address the ain research questions.
- For example: You can use the table below to see that when you are looking to answer “What child protection risks may arise when using CVA?” Tool 1, Question 2 (“How would the cash and voucher assistance be used?”) may provide data that contributes to answering this question.

Which questions provide which data for interpretation and programme adaptation process?

Main research questions	What we need to know	Sub questions	Data source	Implications for programming
(1) What positive child protection outcomes may result from the use of CVA?	Is CVA reducing the number of children experiencing dangers or injuries? Is CVA reducing the number of children experiencing physical or emotional maltreatment? Is CVA reducing the number of children exposed to sexual and gender-based violence? Is CVA reducing the number of children being married? Is CVA reducing the number of children experiencing female genital mutilation because of CVA? Have children and / or their caregivers' mental health and psychosocial wellbeing improved because of CVA? Is CVA reducing the number of children associated with armed forces and groups because of CVA? Is CVA reducing the number of children engaged in child labour? Are more children staying in school because of CVA? Are more children able to stay with	• Are certain groups of children benefitting more than others? If yes, which ones? Why? • What design features of CVA are particularly benefitting children and their families?	**Tool 1:** Q2, Q7, Q12, Q13, Q14, Q18, Q19, Q20, Q23, Q24 **Tool 2:** Q5.1, Q5.4, Q6.1, Q6.4, Q6.5, Q7.1, Q7.2, Q8.1, Q8.2, Q8.3, Q8.4, Q8.5, Q8.6, Q8.7, 8.8, Q8.9, Q8.10, Q8.11, Q9.2, Q9.3, Q9.4, Q9.5, Q10.2, Q10.3 **Tool 3:** Q3.2, Q3.4, Q3.5, Q4.1, Q4.3, Q4.4, Q4.5, Q5.8, Q6.3, Q7.1, Q7.2, Q7.3, Q8.1, Q8.2, Q8.3	**Where positive child protection outcomes are observed:** • Report these to the donor. • Share learning through coordination structures so other actors adopt similar programming strategies. • Use the information and data in advocacy and communications to encourage greater investment in these interventions.

Main research questions	What we need to know	Sub questions	Data source	Implications for programming
	their regular caregivers because of CVA?			
(2) What child protection risks may arise when using CVA?	Does CVA exacerbate any dangers or injuries? Does CVA aggravate physical or emotional maltreatment? Are children more exposed to sexual and gender-based violence because of CVA? Does CVA cause child marriage? Are children more likely to experience female genital mutilation because of CVA? Have children and / or their caregivers' mental health and psychosocial wellbeing deteriorated because of CVA? Are more children becoming associated with armed forces and groups because of CVA? Is child labour increased/caused by CVA? Are children pulled out of school because of CVA? Are children separated from their regular caregivers because of CVA?	• Does the CVA amount cause any identified risks? • Does the CVA modality cause any identified risks? • Does the CVA delivery mechanism cause any identified risks? • Does the CVA frequency cause any identified risks? • Does the CVA duration cause any identified risks? • What other design features of CVA are causing any identified risks for children and their families? • Are certain groups of children more at risk than others? If yes, which ones? Why? • Is the CVA targeting	**Tool 1**: Q2, Q3, Q4, Q5, Q6, Q8, Q11, Q13, Q15, Q18, Q19, Q20, Q26, Q30, Q31, Q32, Q33 **Tool 2:** Q3.4, Q3.5, Q3.7, Q4.2, Q4.3, Q4.4, Q5.1, Q5.2, Q5.3, Q5.5, Q6.2, Q6.3, Q6.4, Q6.5, Q7.1, Q7.2, Q8.1, Q8.2, Q8.3, Q8.4, Q8.5, Q8.6, Q8.7, 8.8, Q8.9, Q8.10, Q8.11, Q9.2, Q9.3, Q9.4, Q9.5, Q10.2, Q10.3, Q11.1, Q12.1, Q12.2 **Tool 3:** Q3.2, Q3.4, Q3.5, Q4.1, Q5.1, Q5.2, Q5.3, Q5.4, Q5.8, Q5.9, Q6.4	**Where child protection risks are identified related to cash and voucher assistance:** • Pause any interventions that are creating a risk of injury, illness, infection, or sexual, physical or emotional harm. • Consider if you need to carry out an in-depth assessment of the risk to understand better what is causing the risk. • Identify if there are ways to adapt the interventions to eliminate harm. • See the detailed lists of risk mitigation strategies set out in "Child safeguarding for cash and voucher assistance guidance."[6] Implement those mitigation strategies that most directly address the risks you have

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

Main research questions	What we need to know	Sub questions	Data source	Implications for programming
		criteria ensuring that most at-risk children and their families are included in interventions?		identified.
(3) What strategies exist for mitigating child protection risks associated with CVA? **(4) How well are risk mitigation strategies working?**	Do you need to change the way your CVA is designed? I.e. by changing the amount; modality; frequency; duration; the person in a household receiving the CVA; or the individuals targeted by your CVA? Do you need to strengthen referral pathways and/or accountability mechanisms? Does general security in the location need to be improved? Do staff need training on working with children, safeguarding and/or PSEA? Do you need to carry out advocacy with the authorities to: • Improve safe access to recipients? or, • Strengthen legislation? Do you need strengthen the capacity of service providers – such as health service providers; social service workforce; school staff; etc.?	• Have diverse groups of CVA recipients been able to give feedback throughout the life of your CVA intervention? • Are certain groups of children and families less able to influence the design of interventions that are supposed to assist them?	**Tool 1:** Q1, Q5, Q9, Q10, Q11, Q12, Q16, Q17, Q20, Q21, Q22, Q23, Q25, Q27, Q28, Q29 **Tool 2:** Q3.1, Q3.2, Q3.3, Q3.4, Q3.5, Q3.7, Q4.1, Q10.4 **Tool 3:** Q4.2, Q5.5, Q5.6, Q6.1, Q6.2, Q6.5, Q7.1, Q7.2, Q8.1, Q8.2, Q8.3	**Where mitigation strategies are identified:** • Consider if you need to do a more thorough assessment to understand the nature, benefits, efficacy, costs, and limitations of the proposed mitigation strategy. • Look at strengthening or replicating the mitigation strategy across all areas of work.

Step 5: Present, discuss, interpret, and validate the data

You should run a workshop where you will present and discuss the data to enable joint interpretation. Ideally you should interpret the data through consensus, and validate the findings with the engagement of a wider group.

- The workshop should involve individuals who:
  - Have expertise in child protection; cash and voucher assistance; and monitoring and evaluation. It is often also useful to have education, livelihoods, food security, nutrition, gender, and disability experts as there are strong links with CP and CVA.
  - Come with a deep knowledge and understanding of both the context and the cultures of the population groups who were part of the data collection process.
- If an **interagency** group is running the CVA interventions and monitoring and evaluation process, then participants should represent the full range of stakeholders. If only one agency is involved, the workshop may involve a higher number of internal actors but should still engage key actors from outside the organisation who represent different perspectives. This may include, for example, community based organisations; government representatives; donors; youth groups; women's groups; livelihoods groups; etc.
- Provide summaries of the raw data and findings, do not come to the workshop with out pre-formed ideas or pre-determined conclusions. Encourage the group to draw conclusions from the data findings for themselves.

Interpreting the data

Lead the group to interpret the data and findings provided. Interpretation is best done through consensus building from a range of experts from the various fields linked to CP and CVA.

- Use critical thinking and analysis of data presented in the transcripts to explain "why" behind each of the themes and ideas.
- Look at patterns between variables. For example:
  - Are individuals of a specific age or gender frequently responding the same way?
- Are certain risks more likely to arise among a group receiving CVA through a certain delivery mechanism?
  - Is a wide range of individuals unaware of existing accountability mechanisms?
  - Is only on sub-group of the respondents reporting benefits for children related to CVA?
- Draw on secondary data sources such as demographics; anthropological analysis; research on socio-cultural gender norms; data on frequent child protection risks among various population groups in the location; market behaviour; consumer buying behaviour; programme plans; etc. These can provide a deeper understanding of the local setting and may provide possible explanations to the patterns of protection and risk seen in the data collected.

- Take notes of the experts' interpretation of the data. Observations they make may:
  - Detail challenges in the data collection process;
  - Indicate gaps in the data;
  - Seek to explain patterns in the data;
  - Identify what is most important and relevant in relation to future programming.
- Towards the end of the workshop, present some initial ideas and interpretations that have been made. Confirm if these should be maintained or not.

Possible workshop agenda

(1) Introductions
(2) Presentation background to the research:
- Data collection methods used
- Research limitations
- Enumerators
- Respondents
  - Sample size and method
  - Sex, age, disability, and other aspects of diversity

(3) Questions and answers regarding background to the research
(4) Present preliminary data findings
- Child protection benefits associated with CVA
- Child protection risks associated with CVA
- Mitigation strategies

(5) Questions and answers on preliminary research findings
(6) Parallel group work to provide interpretation of the findings
(7) Present some preliminary interpretations made by core team
(8) Parallel group work to review and either validate or reject the interpretations previously made
(9) Plenary feedback from group work
- Each group in turn present details of:
  - Validated findings
  - Findings that appear erroneous – with explanation of why
  - Further research needed

(10) Group work to generate recommendations for adaptations to CVA interventions
- Recommendations on:
  - CVA design to be used to achieve to achieve which CP outcomes
  - Risk mitigation strategies to be adopted
  - All recommendations must clearly specific roles and responsibilities

(11) Close

- You should conclude by validating the findings and recommendations, before sharing findings more broadly.
- A wide and diverse group of individuals who are impacted by the research should validate the findings. The workshop should include individuals from across relevant agencies and sectors working in government, at community level, in UN and INGO agencies. Diverse women and men should be included in the validation process.
- If only a small number of stakeholders were able to take part in the workshop, you may need to carry out a further step for validation. This may be done through a meeting or workshop, and/or through field visits and discussions at the community level.
- Ideally you should carry out respondent validation by sharing a summary of findings and recommendations with a sample of research participants.

Step 6: Prepare products to share findings and interpretations more widely

- Prepare a full narrative report and a summary of key findings and interpretations.
- Your data analysis report headings may follow the topics of the research and so could be in line with the possible report outline set out in the table below.

Possible report outline

Executive summary

Introduction

- Background:
  - Context – socio-political context, crises, events, etc.
  - Overview of intervention – donors, partners, management structure, activities, project timeframe, and specific locations.
- Background to data collection process
  - Scope;
  - Criteria used and key questions;
  - Timeframe.

Methodology

- Research methods used – FGD, survey, KII.
- Sample method and size.
- Research respondents – number of participants; sex, age, disability, and socio-economic background of research respondents.
- Research enumerators - number of enumerators; background (gender and socio-economic background) and skills.
- Conditions and standards that data collection process adhered to.

Research limitations

- Any limitations and/or bias in research team and methods.

Research findings

- Any positive child protection outcomes resulting from the use of CVA.
  - Direct and indirect impact on child protection concerns.
- Child protection risks that may arise when using CVA.
  - Dangers and injuries.
  - Physical and emotional maltreatment.
  - Sexual and gender based violence and other harmful traditional practices.
  - Mental health concerns and psychosocial distress.
  - Child labour, including association of children with armed forces or groups.
  - Children who are unaccompanied or separated from their usual caregivers.
- Strategies for mitigating child protection risks associated with CVA.
  - Weaknesses in existing mitigation and response strategies.
  - Strengths in existing mitigation and response strategies.
- Cross cutting themes and considerations.
  - Inequality and discrimination – intentionally or unintentionally excluding certain groups of children, including due to gender inequality; and age.
  - Increased or decreased risk due to personal level characteristics.
- When used as a final evaluation stage the data collected can be used to provide an overall assessment of the CVA against the evaluation criteria.

Conclusions

- Summarise the main findings indicating what has worked well and areas for improvement. Any statements made must be fair, impartial and logically consistent with the findings presented in the previous section. The reasoning and rationale that has led to the conclusions must be clear.

Recommendations

- List options for adjusting programmes to mitigate risks and protect children.
- Divide recommendations making it clear if they relate to all CVA, CVA specifically for CP outcomes, or only CVA for another sector.
- Assign roles and responsibilities so it is clear who needs to implement which recommendations – programme managers, country directors, MEAL advisors, inter-agency coordinators, etc.

- Develop accompanying products to disseminate the research findings. Options may include an infographic; a PowerPoint presentation; or a short video presentation. These products should aim to reach a wider audience than a written report alone.
- Findings should be shared with all those implementing CVA, 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.
- Ideally you should 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 made anonymous to maintain respondent confidentiality. The ways in which findings are shared must be in line with relevant in-country data protection and information sharing protocols.
- Develop a dissemination plan. This should identify your target audience and set out the best ways to reach that audience.
- Findings can be shared in the following forms:
  - As a written report,
  - As an executive summary,
  - As an info-graphic,
  - As a video, and/or
  - As a presentation.
- The ways in which you share this information may be:
  - Distribution of printed copies,
  - Through a meeting or workshop,
  - Through e-mail, and/or
  - On an interagency / inter-sectoral website.

Step 7: Adapt your programme's design (see final column of

- Review the final column of "Which questions provide which data for interpretation and programme adaptation process?"
- Ensure personnel responsible for programme design and implementation receive and understand the report.
- Bring together key actors in a meeting to agree a plan of action.
- Jointly agree on actions to be taken to address the issues identified in the report.
- Agree on a timeline for priority actions.
- Ensure named individuals are given roles and responsibilities within the plan of action.
- Document the plan of action.
- Agree who will monitor and follow-up to ensure action is taken to address any risks that may be presented by CVA.

Meeting to agree a plan of action

You can run a meeting during which you (i) disseminate findings with an inter-sectoral group using CVA and (ii) agree a plan of action. A suggested agenda could include:

- Present top line data.
- Highlight any key thoughts and analysis, including for example:
  - Statistically significant correlations between variables.
  - Trends based on gender, age, and other aspects of vulnerability for CVA recipients.
  - Details of risks and benefits associated with CVA.
- Allow time for participants to discuss results.
- Gather feedback on appropriate programme from the full range of stakeholders.
- Set out and agree a plan of action to implement proposed programming changes.