

PROTECTION RISK ANALYSIS FOR CVA IN THE UKRAINE RESPONSE

Background

Over the past few weeks, members of the C4PTF for the Ukraine Response have started mapping the different protection risks that refugees and IDPs are facing in Ukraine and while travelling. This work has been notably built upon efforts conducted in each country, such as the GBV Risk Analysis for CVA in Ukraine.

The purpose of this document is to:

- ➔ Develop a profiling of the most at risk populations so they can be better considered during CVA targeting
- ➔ Provide an overview of identified protection risks
- ➔ Highlight when CVA could support in mitigating or addressing some of these risks
- ➔ Suggest some operational or technical approaches to integrate CVA

It is important to note that a **non-exclusive targeting approach should be utilized with all groups below to avoid stigmatization and cause unintended negative consequences**. For example, providing CVA to targeted groups of UASC may lead to family separation or targeting LGBTQI+ populations may lead to further stigmatization. It is recommended that these populations be prioritized but not exclusively targeted for CVA. At risk populations may require additional, alternative modalities of distribution and should be consulted on how to best access CVA.

- ➔ **At risk populations should always be referred** (after gaining consent) to the relevant protection actor for further follow up and monitoring.

For all colleagues reviewing, please add/edit! Feel free to include any additional populations groups, risks, or comments in the live doc accessible [here](#)



- For additional resources and tools on monitoring CVA and Child Protection, please refer to the [CVA and CP MEAL Toolkit](#).
 - For additional resources and tools on monitoring CVA and GBV, please refer to the [GBV Compendium](#). For Ukraine, the GBV & CVA Task Team has developed dedicated guidance.
 - For more generic protection consideration when targeting for assistance, refer to this resource from the GPC.
- => **Please refer to the "resource" section at the end of this document**

➔ [LINK TO GPC C4PTF WEBSITE](#)

Role of the C4PTF in Ukraine

- ➔ Provide technical guidance on the design of CVA & Protection assessments and activities and analysis of findings, including through the dissemination of tools and key resources
- ➔ Offer a space for collaboration and discussion to address key CVA and Protection challenges that emerge, ensuring sharing of best practices and lessons learnt.
- ➔ Adapt global guidance and tools



Profiling of most at risk populations



Profile	Protection group	Countries applicable	Can be targeted for CVA?
Women traveling alone (or with children)	GBV	All	Yes
Female headed households	GBV	All	Yes
Unaccompanied Children and Child Headed Households	CP	All	Yes, but under certain conditions (see Key Consideration document). CP authorities and agencies should be contacted to provide case management.
Separated children	CP	All	CVA should be given to the caregiver of the separated child, unless indicated otherwise by Child Protection actors.
LGBTQI+	GBV/CP	All	Yes, including through referral from specialized agencies, with a non-exclusive targeting approach to avoid stigmatization.
People with disabilities and elderly within Ukraine // People with disabilities and elderly people traveling/ refugees / IDPs	Age and Disability	Ukraine	Yes, including through referral from specialized agencies, but with an adapted operational set up accommodating for individual needs/preferences for CVA delivery. In some cases, the CVA may need to be provided to a caregiver. Taking into consideration survey made by EDF, CBM and NAPD.
Adults in institutional care in Ukraine and in evacuation locations	Age and Disability	All	It is recommended that CVA be provided to adults transitioning out of institutional care. No further institutions should be created as a result of the conflict, nor should the humanitarian community be investing in institutionalization. Therefore, it is not recommended to provide blanket cash to institutions, but instead determine what basic needs need to be met while the institution transitions to community or family-based care.
Children in institutional care in Ukraine and in evacuation	CP	All	No further institutions should be created as a result of the conflict, nor should the humanitarian community be investing in institutionalization. Therefore, it is not recommended to provide blanket cash to institutions as it may act as a pull factor for family separation. Instead it is recommended that basic needs are determined and met while the institution transitions to family-based care. CVA should only be considered in close coordination with child protection actors.
Adult survivors of GBV	GBV	All	Yes, including through referral from specialized agencies, with a non-exclusive targeting approach to avoid stigmatization.
Child survivors of GBV	GBV	All	CVA should be given to the caregiver of the child, unless indicated otherwise by Child Protection actors.
Marginalised populations including undocumented populations	All	All	Yes, with an adapted operational system and delivery mechanism taking into consideration what documents may be required.
Children who suffered from harm, injury and disability caused by physical dangers due to conflict (e.g. explosive remnants)	CP	All	Yes, potentially following a referral from CP and/or health actors, and preferably to the caregiver (unless indicated otherwise by CP/ depending on age)
People having lived under occupation and may be showing signs of distress	MHPSS	Ukraine	Yes, potentially following a referral from a MHPSS actor with complementary MHPSS assistance

Protection Risk Matrix



Risk	Category	Countries Applicable	Economic root causes of protection risk	Non- Economic root causes	CVA Mitigation Measures	Recommended Operational/ Technical Approach
Family Separation	CP	All	Lack of access to assets or livelihood opportunities forcing families to separate.	Cultural norms, multiple caring responsibilities (ex. the mother is also responsible for caring for immobile grandparents), etc.	<p>→ CVA can be used as both a prevention and response intervention. It can support a family to meet basic needs to prevent them having to resort to negative coping mechanisms. It can also provide necessary resources to support family reunification - however this must be done in conjunction with the relevant government ministry/CP actor.</p> <p>→ If family members wish to return to Ukraine to be reunited but don't have the financial means to do so, CVA can be provided to cover the costs of transportation and re-settlement/return.</p>	<p>Child protection actors providing case management services identify and refer families who have been separated or are at risk of separation to CVA teams.</p> <p>Protection teams identify whether additional protection top ups are required.</p>
			Lack of access to assets or livelihood opportunities forcing families to separate.	Cases where family members must stay in Ukraine due to Martial law. Cultural norms.		
Violence against children	CP	All	Stress and anxiety due to loss of income and inability to meet basic needs increases tensions in the HH	Stress and anxiety due to conflict and/or displacement increases tensions in the HH, harmful cultural norms.	<p>→ Evidence has shown that the provision of CVA can reduce stress, anxiety and levels of violence within the HH by covering basic needs and compensating loss of income.</p>	<p>Protection teams can refer to CVA teams families identified in precarious economic situation</p> <p>Complement CVA with Protection activities (such as case management, psychosocial support, legal support, etc.)</p>
SGBV	GBV	All	Inability to afford safe shelter. Resorting to negative coping mechanisms to cover costs.	Stress and anxiety due to conflict and/or displacement increases tensions in the HH, harmful cultural gender norms.	<p>→ Provision of CVA can enable rental of safe shelter and/or reduce the need to rely on negative coping strategies to generate income.</p>	<p>Protection teams can refer families identified in precarious economic situations to CVA teams.</p> <p>Prioritize female headed households, and ensure the CVA amount is sufficient to cover minimum living costs (including rent).</p>
Institutionalization	CP/ ADTWG	All	Perception that children/ adults can access wrap-around services for a reduced rate in institutions. Inability of caregivers to engage in livelihoods if they are providing 24/7 care.	Stress, cultural norms/ perceptions.	<p>→ Provision of CVA can support adults to leave institutions and gain access to local services, therefore promoting family/community based care.</p> <p>Provision of CVA can enable families/caregivers to provide care for children formerly in institutions.</p>	<p>Protection teams can refer families/ adults to CVA teams.</p> <p>Complement CVA with case management.</p>

Protection risk Matrix



Risk	Category	Countries Applicable	Economic root causes of protection risk	Non- Economic root causes	CVA Mitigation Measures	Recommended Operational/Technical Approach
School dropout	CP	All	Lack of financial resources to send children to school. Increases exposure to risk and reduces safe spaces for children. Reduces ability of parents to seek income generation opportunities.	School closure, limited availability in schools, schools destroyed, language barriers, discrimination, harmful cultural norms.	Provision of CVA can enable families to purchase school material/pay for school fees when/ where applicable.	Ensure education top ups are provided during the back to school period (and announce ahead of time). Consider referring to CP teams if the reasons for not attending school are more complex than a lack of financial resources.
Exploitation	Protection/ GBV/CP	All	Lack of financial resources forcing families/individuals to resort to negative coping mechanisms for survival or unsafe travel.	Lack of adequate protection system, harmful social norms, lack of policies to engage in work, limited opportunities to engage in the formal sector, inability to access education.	Provision of CVA can enable families/individuals to access basic needs.	Ensure the transfer amount adequately covers the needs, refer for longer-term support, refer to protection teams.
Exclusion of marginalized populations/ groups	Protection	All	Lack of documentation to register/ receive CVA Inability to physical go to registration/cash out points	Discrimination	Provision of CVA can potentially increase the number of services the family/individual can access and ensure they are not excluded and able to meet their basic and (depending on the group) specific needs	CVA is critical to support access to services, but must be accompanied by advocacy and potentially case management to respond to the individual needs of systematically marginalized populations. CVA actors should put in place alternative ways of registration and communication (CFMs) which do not need to be literate GBV/ disability training for CVA actors including the private sector (FSPs), volunteers, etc. Mobile brigades and other outreach strategies to ensure the most vulnerable and marginalized are identified and supported
Mines			Populations are unable to leave infested locations due to lack of financial resources // Wood collection due to limited resources to purchase charcoal // Populations returning to infested locations due to lack of financial resources to stay abroad/displaced		CVA can provide affected population with a choice and the means to leave infested location, purchase charcoal/wood, remain in safer locations until infested areas are cleared	Targeting should be made in a preventive manner, but also include victims of landmines (injured, families of victims, populations who are no longer to generate income due to land mines, such as farmers).

USEFUL RESOURCES & GUIDANCE

→ [CASH FOR PROTECTION WEBSITE](#)

Global Protection Cluster website

→ [C4PTF MONTHLY FACTSHEETS](#)

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

→ [C4P INDICATORS - C4PTF](#)

Cash for Protection recommended indicators elaborated by the C4PTF for the Ukraine Response

→ [CVA TO PROTECT CHILDREN](#)

Key considerations for using CVA to achieve child protection outcomes.

→ [PROTECTION AND MEB DESIGN](#)

How to consider protection aspects when designing a MEB? - key considerations

→ [CALP MPC OUTCOME GUIDANCE](#)

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

→ [REVIEW OF MPC INDICATORS](#)

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

→ [GBV MONITORING TOOLKIT - UNFPA](#)

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

→ [GBV MONITORING TOOLKIT - WRC](#)

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

→ [StC CP & CVA MEAL TOOLKIT](#)

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

→ [MPCA MEAL TOOLKIT](#)

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

→ [CALP GLOSSARY \(PDF\)](#)

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

[CVA & CHILD PROTECTION](#)

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