

# Cash and Voucher Assistance and Child Protection in Humanitarian Action:

Guidance Note on Cash and Voucher Assistance for Child-headed households (CHH) and Unaccompanied Children (UAC)



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# SYMBOLS USED IN THIS GUIDANCE DOCUMENT

Symbol	Meaning	Symbol	Meaning
	Tools		Learning opportunities
	Resources and guidance		Questions to ask yourself
	Standards adapted from the Minimum Standards for Child Protection in Humanitarian Action (CPMS)		Click on the home icon to return to the contents page

# ACRONYMS AND ABBREVIATIONS

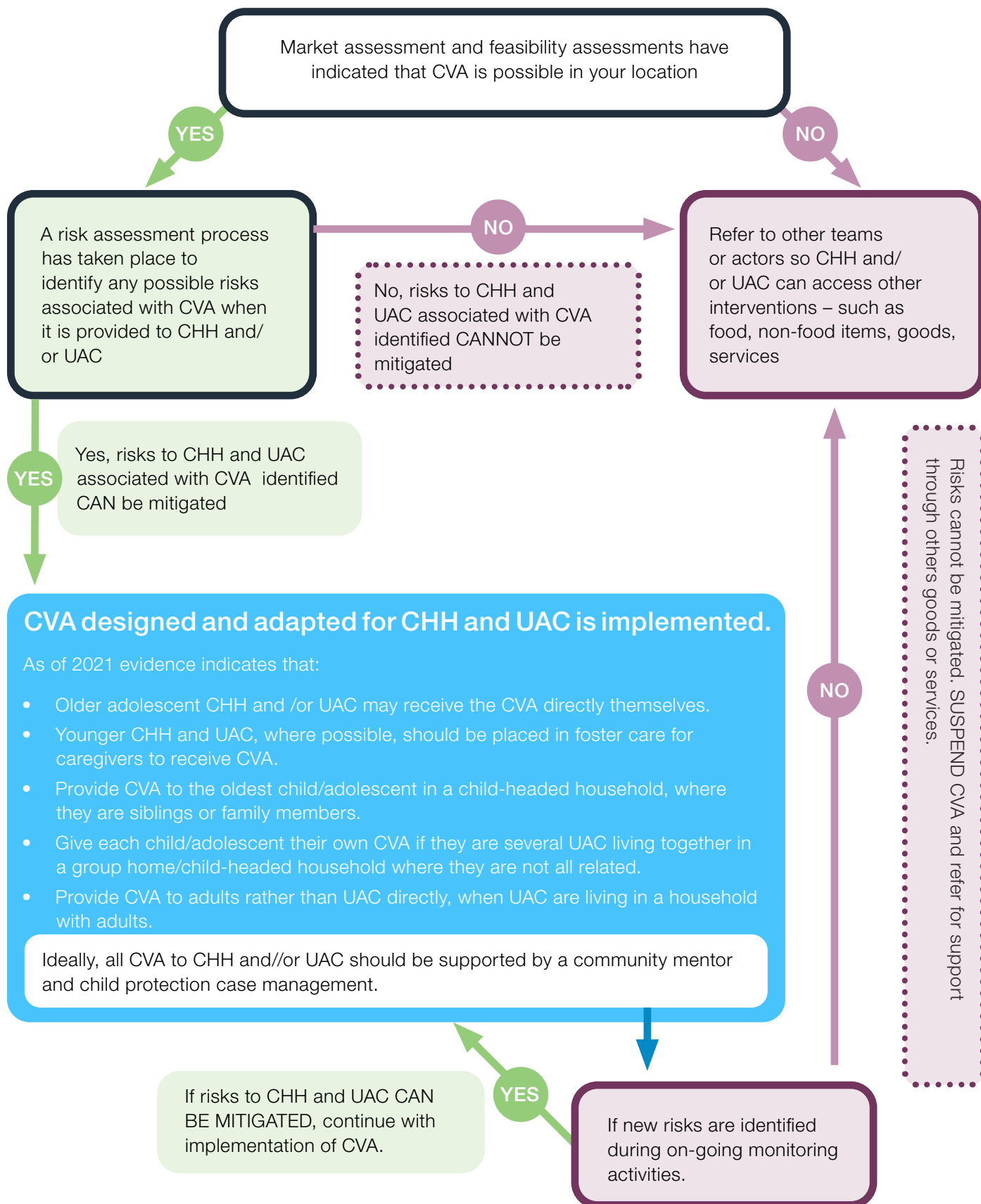
<b>CALP</b>	Cash Learning Partnership
<b>CHH</b>	Child-headed household
<b>CP</b>	Child protection
<b>CVA</b>	Cash and voucher assistance
<b>FGD</b>	Focus group discussion
<b>FSP</b>	Financial service provider
<b>MEAL</b>	Monitoring, evaluation, accountability and learning
<b>MEB</b>	Minimum Expenditure Basket
<b>MIRA</b>	Multi-sector Initial Rapid Assessment
<b>OCHA</b>	United Nations Office for the Coordination of Humanitarian Affairs
<b>POS</b>	Point of Service/ Sales
<b>PDM</b>	Post-distribution monitoring
<b>SEA</b>	Sexual exploitation and abuse
<b>SRHR</b>	Sexual and Reproductive Health and Rights
<b>UAC</b>	Unaccompanied child/children
<b>UNHCR</b>	United Nations High Commissioner for Refugees
<b>UNICEF</b>	United Nations Children's Fund
<b>WASH</b>	Water, Sanitation, and Hygiene
<b>WCR</b>	Women's Refugee Commission

# SUMMARY OF THIS GUIDANCE DOCUMENT

	<p><b>What is the purpose of this tool?</b></p>	<p>This tool gives guidance on providing cash and voucher assistance directly to children/adolescents who are unaccompanied or heading a household.</p>
	<p><b>Who is this tool for?</b></p>	<p>This tool is for all actors using cash and voucher assistance as a form of intervention in humanitarian settings. It is recommended that those without child protection expertise involve child protection actors/experts when targeting child heads of households or unaccompanied children. Thus, this guidance suggests all actions are to be implemented with collaboration between CVA and CP actors/colleagues throughout.</p>
	<p><b>In what contexts can you use this tool?</b></p>	<p>The tool was primarily developed for humanitarian settings. Settings may be impacted by conflict and/or civil unrest; affected by geo-climatic disasters; and/or experiencing infectious disease outbreaks and/or economic crises. The guidance is also relevant in refugee receiving countries. The guidance may also be applicable, with adaptation, in other settings not experiencing crises.</p>
	<p><b>What does this tool contain?</b></p>	<p>This guidance includes: An introduction covering the purpose and subject of this guidance; principles that guide CVA for CHH and/or UAC; criteria that have to be met in order to implement CVA for CHH and/or UAC; actions that need to be completed before CVA begins; and guidance for implementing CVA for CHH and/or UAC that follows the stages of the programme management cycle.</p>

# DECISION-MAKING TREE:

Is it advisable to include child-headed households and/or unaccompanied children in your cash and voucher assistance programme?





# 1. INTRODUCTION

*Risks for child-headed households and unaccompanied children may escalate if they are excluded from cash and voucher assistance.<sup>1</sup> When Cash and Voucher Assistance (CVA) is well-designed and can be provided as part of a package of complementary interventions – such as mentoring, supervision, and case management – the benefits of CVA for children/adolescents may outweigh the child protection risks they are exposed to.<sup>2</sup>*

In many settings impacted by crises, markets are functioning, but affected populations do not have the means to purchase items to meet their basic needs. An increasing proportion of humanitarian assistance is being given in the form of cash and voucher assistance to targeted recipients or communities so they can make essential purchases to meet their needs. In 2019, 17.9% of total humanitarian assistance<sup>3</sup> was delivered in the form of CVA.<sup>4</sup> Disbursal of cash and voucher assistance is (i) efficient and cost effective; (ii) it stimulates local economies; and (iii) it is a respectful, dignified way of providing aid.<sup>5</sup> Adoption of CVA as a modality for aid distribution is being limited by perceived risks. Staff fear risks such as: corruption, theft, diversion of funds, attacks against recipients,<sup>6</sup> leakage and misappropriation of funds,<sup>7</sup> unachieved sector outcomes, vulnerability to misappropriation of data, low quality of CVA interventions, limited ability to ensure accountability to affected populations,<sup>8</sup> use of cash to purchase non-essential items and compromise of data security when using electronic transfer mechanisms.<sup>9</sup>

Because of these perceived risks, the possibility of including children and adolescents as direct recipients of CVA has been considered controversial.<sup>10</sup> In reality, evidence indicates that even in countries affected by conflict CVA can be delivered and distributed in ways that promote safety and security. Further, in some situations in-kind assistance may present a greater risk.<sup>11</sup> There are, currently, few settings where direct transfers to children/adolescents have been employed.<sup>12</sup> This exclusion of children and adolescents from programmes that are prioritising cash and voucher assistance may be harmful, limiting actors' ability to reach some of those who are most at risk.

## What is the purpose of this guidance?

This guidance sets out how to design and adapt cash and voucher assistance so it can be used as an intervention to address the needs of child-headed households (CHH) and unaccompanied children (UAC) in humanitarian action. The guidance goes through each step of the programme cycle – including preparedness, implementation, handover, and monitoring and evaluation. It identifies what is different and unique in terms of ways of working with child-headed households and unaccompanied children.

This is not a stand-alone tool. This guidance note does not repeat detailed material that exists elsewhere describing how to plan, set up, manage and run cash and voucher assistance or child protection programming. See [“Core References to be Read in Conjunction with this Guidance”](#) suggests some guidance that may be useful for that purpose. In particular, it is essential that all staff using this guidance adhere to the [“Child Safeguarding for Cash and Voucher Assistance Guidance”](#) as this highlights key areas of risk for children/adolescents in CVA and how to mitigate those risks. Review the “Designing cash and voucher assistance to achieve child protection outcomes in humanitarian settings”, available at: <https://resourcecentre.savethechildren.net/document/designing-cash-and-voucher-assistance-to-achieve-child-protection-outcomes-in-humanitarian-settings>, for broader guidance on providing CVA to families to achieve child protection outcomes.

The **two main objectives** of this guidance are to:

- Advise on how to adapt CVA for child-headed households and/or children/adolescents who are unaccompanied at each step in the project cycle.
- List key resources, tools and support that will help you work with and respond to the needs of child-headed households and/or unaccompanied children. See ANNEX 1: References

## Who is this guidance about?

In many humanitarian settings and situations of displacement and migration, children, often adolescents, may find themselves alone without adult care. Most humanitarian interventions are designed for adult populations. In a crisis situation, children/adolescents who are heading up a household or who are unaccompanied are often among the most at-risk groups. It is essential that humanitarian actors include these children/adolescents, who are not in the care of adults who will receive aid. This guidance therefore provides information on **how to delivery CVA, in all its forms**, when your direct recipients of CVA are child-headed households and children/adolescents who are unaccompanied.

## FORMS OF CASH AND VOUCHER ASSISTANCE

### Conditional or unconditional

Recipients may have to adhere to certain conditions in order to qualify for assistance. Both cash transfers and vouchers may be conditional or unconditional.

#### CASH TRANSFER

Always unrestricted  
Delivery mechanisms:  
\* E-cash, or  
\* Cash in hand

#### VOUCHER

Always restricted  
Delivery mechanisms:  
\* Paper voucher  
\* E-voucher

Any CHH and/or UAC receiving CVA should also be included in child protection case management activities. This guidance therefore also describes the other interventions that must accompany CVA to ensure the safety and wellbeing of CHH and/or UAC.

**Unaccompanied children** and **child-headed households** are two categories of children/adolescent that may intersect – for example an unaccompanied child may also be part of or the head of a child-headed household. By definition, separated children are in the care of adults, even if the adult is not their customary caregiver. Generally, it is expected that the adult carer should receive CVA support. Thus, **separated children** are **not** covered by the guidance presented here.

Unaccompanied children and child-headed households are diverse. There are individual-, community-, and society-level factors that may intersect with their status as CHH and/or UAC to exacerbate their exposure to risk. Examples include: sexual orientation, gender identity and expression, and sex characteristics; age, disability; nationality; immigration status; ethnicity; religion; or other aspects of diversity. These other factors must, therefore, also be taken into account when designing the CVA.

**Whilst this guidance document does not set out comprehensive guidance on how you can prevent children/adolescents becoming CHH and/or UAC a few suggestions on how CVA may be preventive include:**

- Include separated children in the calculation of household size so that transfer amounts are adequate for all the children under the care of that family, and to prevent children/adolescents becoming CHH and/or UAC.
- Harmonise transfer amounts for CHH and UAC with those being accessed by adults accompanying separated children. If CHH and UAC are receiving higher amounts than separated children, this may cause adults accompanying separated children to push the children/adolescents out of the household to access higher levels of assistance.
- Conduct additional monitoring of households caring for separated children to ensure their needs are being met through the cash transfer, this can prevent separated children becoming CHH and/or UAC

## Who should use this guidance?

**This guidance is for all staff who are implementing cash and voucher assistance in humanitarian action who are seeking to include CHH and/or UAC as CVA recipients.** This may include those who lead on child protection programming and all staff who implement cash and voucher assistance.

Design of CVA for CHH and/or UAC should be done through close collaboration between staff with competencies in, experience of, as well as responsibilities for:

- a) Working with children and adolescents; and
- b) Child protection; and
- c) Child safeguarding; and
- d) Case management; and
- e) Cash and voucher assistance.

Further, because of the diversity of children/adolescents, **gender, disability, and diversity experts** must also be engaged in the programme preparedness, design, implementation and monitoring processes.

*CVA provides an opportunity for sectors to work together to provide assistance in an integrated fashion – especially when CVA is part of a package including other forms of support. We suggest that all actions set out in this guidance be implemented with collaboration between CVA and CP actors.*

## Why is this guidance important?

CHH and / UAC are one of the most at-risk population groups in humanitarian settings. Thus, knowing how to adapt CVA for CHH and/or UAC is part of Commitment 2 of the Core Humanitarian Standard (CHS), “Communities and people affected by crisis have access to the humanitarian assistance they need at the right time.” Further, the Compact for Young People in Humanitarian Action states that there is a “humanitarian responsibility to enable and protect the rights, address the specific needs and build on the strengths of all young people.”<sup>13</sup> This guidance helps by setting out concrete action to: (a) meet CHS Commitment 2, and (b) address the calls made in the Global Compact.

## In which contexts is this guidance relevant?

This toolkit is applicable to all humanitarian settings. This may be in settings impacted by conflict and civil unrest; impacted by geo-climatic disasters, such as floods and earthquakes; or experiencing infectious disease outbreaks and/or economic crises. Crises can be rapid onset or chronic – lasting for years or even decades. Locations may experience several forms of crisis at the same time, for example those caused by humans, by nature, and by disease. The guidance given here is applicable to camp settings in rural and urban locations; as well as to displaced people integrated and hosted in communities. Affected populations are those who are displaced as well as the host communities who accommodate displaced groups.

The guidance may be relevant, if appropriately adapted, to those working in other settings wishing to provide cash and voucher assistance directly to child-headed households and unaccompanied children.



Siegfried Modola UNICEF Ukrainian, March 2022

## 2. KEY PRINCIPLES WHEN PROVIDING CASH AND VOUCHER ASSISTANCE TO CHILD-HEADED HOUSEHOLDS AND UNACCOMPANIED CHILDREN

This section describes the approach that should be taken in all actions relating to delivering CVA that includes child headed households and/or unaccompanied children as recipients.

1

### **Base all decisions on the best interests of the child:**

The best interests principle states that “in all actions concerning children, ...the best interests of the child shall be a primary consideration.”<sup>14</sup> This requires “evaluating and balancing all the elements necessary to make a decision in a specific situation for a specific individual child or group of children.”<sup>15</sup>

The best interests of the child should be prioritised at each major decision-making stage in relation to your CVA. You should ask yourself “is this in the best interests of this individual child/adolescent?” when choosing which children/adolescents to target, when designing your CVA, when monitoring you CVA, and when exiting the CVA interventions.

2

### **Non-discrimination and inclusion:**

All programme activities must be equally accessible to all children, “without discrimination of any kind, irrespective of the child’s or his or her parent’s or legal guardian’s race, colour, sex, language, religion, political or other opinion, national, ethnic or social origin, property, disability, birth or other status.”<sup>16</sup> This does not mean that all children/adolescents have to be targeted by your interventions; you may prioritise individual children/adolescents or groups of children/adolescents based on risk factors. It does require that activities are adapted to the needs of children/adolescents based on their individual level characteristics – such as their gender, age, stage and level of development, any disabilities, language or education level, etc.

It is also important that programmes reach out to those who may have the highest level of need, but may be hard to reach. Making your interventions inclusive may for example involve creating different disbursements for girls, boys, and children/adolescents of other gender identities based on what is safe for them in their communities. you may need to disseminate programme details in local languages; in sign language; providing versions for respondents with visual impairments; options for responding verbally instead of in writing; etc. The location chosen must also be accessible to all respondents, with particular attention on choosing locations and disbursement set ups that are safe for girls and women, based on minimum standards and their own definitions of safety.

3

### **Survival and development:**

Children/adolescents have a right to life. In addition, they have a right to all the inputs that will enable them to develop to their full potential. CVA that can contribute to meeting their basic needs in times of crises, ensuring their on-going survival in times of hunger, will enable them to achieve this right. Survival and development is equally about meeting children/adolescents’ needs in a holistic manner. Protection actors cannot enable the survival and development of children/adolescents alone, other key sectors such as food, health, nutrition, WASH, social protection and shelter are necessary. CVA is an opportunity for sectors to work together to provide assistance in an integrated fashion – especially when CVA is part of a package including other forms of support (sometimes referred to as cash plus or “complementary programming”).

**4****Participation:**

Children/adolescents must be given the time and space to meaningfully participate in all decisions that affect them.<sup>17</sup> Engaging children/adolescents through participatory processes adapted to their evolving capacities at each stage of the programme cycle is therefore crucial. These processes may look different for boys, girls, and children/adolescents of other gender identities depending on what is appropriate in the community. Girls, in particular, can seem hard to reach if they are not allowed the same access to public spaces, or if activities are programmed during busy household times. Designing participatory mechanisms for all children/adolescents is crucial; in some contexts, this may mean children/adolescents participate together, while in others, single-gender groups may be needed. Delivering CVA that is unconditional to children/adolescents is one significant way to allow children/adolescents to play an active role in determining their own choices.

Participatory activities seeking to engage children/adolescents with disabilities may need to be designed differently. Engage an inclusion expert and consult with disabled people's organisations in your location so you directly address the needs of children/adolescents with disabilities.

**5****Privacy & Confidentiality:**

In-country data-sharing protocols – including best practices for ensuring privacy and confidentiality<sup>18</sup> – must be adhered to at all times when registering and storing information about child/adolescent recipients of CVA.

**6****Informed consent:**

The programme staff must seek informed consent or informed assent from all children/adolescents receiving CVA. CVA recipients are allowed to withdraw consent at any time. For guidance on seeking consent based on age and stage of development of children see: Pages 113 – 199 of IRC and UNICEF (2012) *Caring for Child Survivors of Sexual Abuse: Guidelines for health and psychosocial service providers in humanitarian settings*, <https://gbvresponders.org/response/caring-child-survivors/#CCSGuidelines>

**7****Culturally aware:**

Staff must be aware of, sensitive to, and respectful of the socio-cultural norms of the CVA recipients. CVA design must be adapted to the context. The targeting criteria, way in which children/adolescents are engaged in participatory activities, and way in which CVA is designed, delivered, and monitored, must all be done in ways that is suitable to the setting and the recipients. The design and delivery of CVA may need to be different for girls, boys, and children/adolescents of other gender identities, depending on what is culturally appropriate. Meeting the needs of children/adolescents with disabilities may need further adaptation. Staff must weigh the risks and benefits to each group of children/adolescents based on the local context.

Where child protection issues or harmful cultural norms and concerns are discussed with humanitarian actors – for example child marriage, female-genital mutilation, sexual exploitation – staff must not show any signs that they condone or support these harmful practices.

**8****Sensitive:**

When including at-risk children/adolescents as a category of recipients in your CVA interventions, it is possible that affected populations approach you or your staff to disclose incidents of harm. Staff who are not qualified in providing social work-like support to children/adolescents, should not ask or probe about any history of harm to a child/adolescent. If a member of the affected population or host community discloses harm or violence experienced by a child/adolescent, respond in a kind manner, and provide the option to speak confidentially to a child protection specialist in a private location. Do not ignore the concern; instead report and refer it onwards immediately, in line with local-relevant reporting mechanisms and referral pathways.

**9****Adaptable:**

Given how new the use of CVA is in response to the needs of CHH and UAC, interventions and programmes using CVA modalities have to be flexible and adaptable. This means that a process of constant monitoring and learning must influence and inform the intervention design. Programme management must be highly responsive and willing to change the delivery mechanisms at short notice wherever possible to mitigate risks and maximise benefits. In addition, the CVA may need to take a range of forms (different modes of delivery; a range of complementary interventions; varied conditions; etc.) in order to adapt to the circumstances of each individual child/adolescent and their family. These adaptations may be particularly relevant based on gender, disability status, displacement status, and age.

**10****Do no harm:**

Avoid any negative effects that may be caused by humanitarian interventions. In the case of CVA for CHH and UAC this harm can take many forms. It could be that there are new risks to children/adolescents due to the fact they have access to cash or vouchers. It may be that you employ staff who are fraudulent or abusive with affected populations, in particular children/adolescents. Or, it may be that financial service provider or sales point that is selected is exploitative. Other forms of harm may also arise. Risks such as these should be constantly monitored and mitigated. Programmes need to be adjusted throughout the programme cycle so as to address any new risks arising.



UNICEF Syria, January 2022

### 3. FEASIBILITY CHECKLIST: IS IT FEASIBLE TO PROVIDE CASH AND VOUCHER ASSISTANCE TO CHILD-HEADED HOUSEHOLDS AND UNACCOMPANIED CHILDREN IN THIS CONTEXT?

The **CVA for UAC and CHH feasibility checklist** listed below must all be satisfied if you want to implement CVA that includes CHH and/or UAC as recipients. You must be able to say “yes” to all the below criteria.

You will need to verify these facts through dialogue with government agencies; discussions with other humanitarian and development actors in coordination meetings; key informant interviews; and needs assessment processes.

You will still need to carry out the monitoring and evaluation processes listed below in order to identify any potential risks. And then you will need to put in place design and mitigation measures that reduces the possibility of harm to children/adolescents.

Checklist	
✓	Item
	Child-headed households and unaccompanied children are identified among the affected populations.
	The humanitarian crisis is creating a reduction in purchasing power amongst affected populations.
	Child-headed households and / or unaccompanied children lack the economic resources they need to be able to meet their basic needs.
	Child-headed households and / or unaccompanied children are unable to find ways to safely earn the income they need to meet their basic needs.
	Markets are functioning and essential goods are available locally.
	It is safe and appropriate for children/adolescents of all gender identities to access these markets.
	A range of CVA delivery mechanisms are available that are: <ul style="list-style-type: none"> <li>o Safe for diverse children/adolescents.</li> <li>o Accessible for diverse children/adolescents.</li> </ul> Note: It may be that existing delivery mechanisms can be adapted to make them safe for diverse children/adolescents.
	Monitoring and evaluation processes have taken place and identified risks.
	There is sufficient local, social and cultural acceptance on the provision of CVA to those between the ages of 14 and 18 years old. Consider differences in acceptance for girls, boys, and children/adolescents of other gender identities.



Formal and informal governance structures agree to the use of CVA in general, and for children/adolescents in particular.

Legal frameworks and customary law allow for children/adolescents to receive, keep/store/save, and spend CVA. Consider how the legal and customary structures may differ for girls, boy, and children/adolescents of other gender identities.

Child protection interventions that keep children/adolescents safe when receiving CVA are available or can be established before CVA for CHH and/or UAC recipients begins. These include for example referral pathways, case management, life-skills training, social norms changes, etc.

Coordination structures are in place that enable you to agree and harmonise approaches to delivering CVA for CHH/UAC recipients between humanitarian actors.

This guidance was drafted in 2021, when CVA was only just starting to be given directly to those under 18 years old. At the time of writing, actors are still learning in this area. It is therefore important to consider the criteria listed above in light of on-going research and findings.



Ali Almatar UNICEF Syria, October 2021

# 4. FOUNDATIONS: WHAT ACTIONS NEED TO HAPPEN THROUGHOUT PREPARATION, DESIGN AND IMPLEMENTATION?

The following section highlights actions that need to take place throughout all phases of the programme management cycle. These are functions that need to begin during the preparedness phase and are maintained all the way until the CVA is phased out. This includes: (1) coordination; (2) human resources: staff recruitment, training, and management; (3) communication and advocacy; and (4) information management and data protection.

## 4.1. Coordination



Authorities, humanitarian agencies, civil society organisations and affected populations coordinate CVA to protect diverse child-headed households and unaccompanied children in a timely, efficient manner.

- Map the agencies and organisations in your location that are addressing issues that face CHH and UAC. Participate in or set up a coordination structure with these other agencies so that:
  - Implementation of interventions to support CHH and UAC can be harmonized;
  - Accountability structures can be jointly managed; and,
  - Lessons learnt can be shared.
- In these coordination meetings regularly and honestly share:
  - Emerging assessment data.
  - The set-up, implementation, monitoring and exit strategies for CVA.
  - CVA for CHH and UAC targeting criteria; amounts; frequency; duration; delivery mechanisms; etc.
  - Findings on programme design risks and safeguarding concerns.
  - Experiences with Financial Service Providers (FSPs), service providers, points of sale/ services.
  - Challenges faced and risks identified.
  - Mitigation strategies put in place and their outcomes.
  - Lessons learned on what is working well.
- Create links between the child protection coordination structures, the cash working group, and any other existing cash coordination structure in country (this may be part of education, health, livelihoods, etc.) in order to discuss the design of CVA for CHH and UAC and how this will be integrated across all sectors. This can be done by having:
  - i. A focal point from each of this coordination mechanisms attending the other meetings,
  - ii. The coordinators holding three-way meetings on the subject of CVA and CHH and UAC, and/or
  - iii. A sub-working group within the cash-working group or child protection coordination structure that regularly meets to discuss CVA for all children/adolescents, but in particular CHH and UAC.

- Designate a CVA focal point in all CP programme teams implementing CVA. They should be responsible for:
  - o Attending any CVA coordination meetings.
  - o Staying up to date on any evolution in CVA design being implemented in other sectors that should be reflected in the CVA for CP.
  - o Informing programme design to ensure it remains harmonised with the way CVA is being implemented by other actors.
  - o Being aware of any risks being identified in relation to CVA.
  - o Supporting colleagues to identify mitigation strategies for risks identified in relation to CVA design.
- Designate a child protection focal point in all non-CP programme teams implementing CVA. They should be responsible for:
  - o Attending any child protection coordination meetings.
  - o Staying up to date on child protection needs information and the gender dynamics that may affect CP and/or CVA risks.
  - o Informing programme design to ensure it remains child/adolescent focussed.
  - o Being aware of CP referral pathways for the location.
  - o Supporting colleagues to refer any CP cases, including CHH and UAC, identified during the course of implementing the CVA.

## 4.2. Human resources: staff recruitment, training, and management



Cash and voucher assistance that targets child-headed households and unaccompanied children is delivered by staff and associates who have proven competence in their areas of work and are guided by human resources processes and policies that promote equitable working arrangements and measures to protect children from maltreatment by humanitarian workers.

- Select a diverse and qualified staff team so as to increase the quality of support and reduce bias. Staff should be representative of the intersecting identity characteristics of affected communities. Where possible, they 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 implementing CVA that includes child recipients must have:
  - o Completed safeguarding checks (in-line with organisational policy);
  - o Read and signed a code of conduct and/or safeguarding policy, and
  - o Experience communicating and working with children/adolescents. Where a staff member does not have skills and experience in working with children/adolescents, must be accompanied by a staff member who does.
- Ask individual children/adolescents what staff member they would prefer to work with when assigning staff to work with recipients. Children/adolescents may have a preference to work with someone of a specific gender. Do not assume that all boys will prefer to talk to and work with men, and that all girls will prefer to talk to and work with women. The team should make every effort to fulfil this request. When not possible from within the team, a staff member of the gender requested from outside the CVA team should accompany the CVA staff member of a different gender.
- It is recommended that, where possible, your staff have skills development on the following subjects:

- o Child rights;
  - o Child protection concerns and principles;
  - o Safeguarding (including how to recognise child protection issues and referral pathways);
  - o Disability inclusion/sensitivity;
  - o Unconscious bias and gender sensitivity;
  - o Accountability and reporting mechanisms – both national and local;
  - o Protection from Sexual Exploitation and Abuse;
  - o Psychological first aid and communicating with children/adolescents; and
  - o The fundamentals of CVA (<https://www.calpnetwork.org/course/cash-and-voucher-assistance-cva-the-fundamentals/>) and the specifics of how CVA is adapted when being delivered for children/adolescents.
- For a list of suggested training see: ANNEX 2: Trainings
  - There are a number of ways you can address these learning needs:
    - o Work with inter-agency child protection coordination groups to identify learning opportunities. Request their support in designing short practical sessions on the range of topics above, so that the CVA teams' skills in working with children/adolescents are strengthened.
    - o Support staff to access the online learning platform, kaya, where many free modules cover these topics.
    - o Hire consultants in your location who can deliver learning sessions adapted to your setting.
    - o Register with academic bodies who can provide skills development.
  - Select individuals with training and experience in psychology and social work to deliver CVA interventions. Whilst this is not essential, it can be beneficial when targeting at-risk children/adolescents.
  - For teams providing CVA who are not part of a CP programme: Provide on-going, regular, and frequent technical support on child protection and working with children/adolescents through supervision, mentoring, or regular contact (face-to-face meetings or telephone calls).
    - o Where you do not have CP staff within your own agency, for example, you can ask for a regular, say once a month, meeting with a CP colleague from another agency who can address questions arising.
  - These should be opportunities for staff and financial service providers to individually or as a team discuss and confirm the way they are working.
  - Staff well-being: Establish a system for staff to be able to reach out for confidential mental health and psychosocial support in case of trauma or distress relating to (1) hearing about others' negative experiences, or (2) discussions reminding them of violence they have experienced or been exposed to themselves.

## 4.3. Communication and advocacy



The protection, dignity, best interests and safety of child-headed households and unaccompanied children is advocated for among all those funding, implementing and overseeing cash and voucher assistance.

- Contact existing child and youth groups for support in designing and running your information sharing and accountability mechanisms as well as your advocacy strategy. Ensure the ideas they propose meaningfully influence the final outputs.
- Work with children/adolescents, including CHH and UAC, to develop the communication and advocacy materials for the CVA project.
- Run a child safeguarding assessment for whichever forms of media you choose to use for sharing messages.
  - o Put in place a mitigation plan against possible risks identified.

### Communication

- Seek innovative ways to share information with children/adolescents – especially those who are not in households with adults. Communication may be done...
  - o Through traditional modes of communication, such as radio, television, and posters or community theatre.
  - o Using social media platforms, such as WhatsApp, Snapchat, TikTok, Twitter, Instagram.
  - o In rural settings, by using griots/town criers, sharing messages on market day, or preparing video that is shared at local video-clubs, etc.
- Develop communication materials that are accessible to all children/adolescents. This should include materials that are accessible to those with low literacy and those children/adolescents living with a disability.
- Understand where CHH and UAC are gathering, so you can design communication strategies that reach them in those locations. In some communities, only boys may be allowed to gather in public spaces. If so, take care to not assume that all UAC are boys, and investigate ways to find, understand, and meet the needs of unaccompanied girls.
- Consider which children/adolescents may have access to the media you are using. For example, in some contexts, relying on phones may reach boys well but leave out girls, or reach host community children/adolescents better than displaced children/adolescents.
- Train staff and financial service providers on how to adapt information and communication to the needs of children/adolescents of different genders, ages, abilities, stages of development, and literacy levels
- Use clear and simple language that children/adolescents will understand, recognising that CHH and UAC may not have adults in their lives who can interpret and convey messages to them. It is advised to test messaging through FGDs with the proposed target group prior to rolling them out further.
- If deemed appropriate, communicate clearly from the outset details of the CVA interventions – including eligibility and prioritisation criteria, CVA transfer amount, duration, and exit strategies. This information should be shared with children/adolescent CVA recipients as well as the general population. The rationale behind some of these factors – e.g. prioritisation criteria, transfer amount, and duration – should also be explained in a clear succinct manner. This can help to avoid tension between those receiving CVA and those not receiving CVA.

## Advocacy

- Carry out advocacy in collaboration with other actors through coordination groups and the humanitarian country or other in-country decision making bodies.
- Subjects of advocacy with national and district level government; donors; UN agencies; and community-level organisations may include to:
  - o Register CHH and UAC as direct recipients of humanitarian assistance.
  - o Include CHH and UAC in CVA targeting criteria across all sector programmes / in multi-purpose cash interventions / in government run social protection systems. (e.g. you may need to advocate for stateless or refugee CHH and UAC to be supported by government structures).<sup>19</sup>
  - o Collect sex, age, and disability-disaggregated data on CHH and UAC in all settings.
  - o Establish appropriate alternative care options for CHH and UAC.<sup>20</sup>
  - o Put in place child-friendly report-handling mechanisms.<sup>21</sup>
  - o Systematically consult with children, or informants who have regular contact with children/adolescents, on the design of CVA interventions, including regarding gender and disability.
  - o Revise any existing laws and policies that may hamper CHH and UAC access to CVA support.
  - o Promulgate legal frameworks that protect children/adolescents and enable access to CVA.
  - o Provide multi-sectoral response to identified CHH and /or UAC – including through any CVA/ multi-purpose cash interventions.
- Participate in social norms change activities. Relevant subjects that need to be addressed may include:
  - o Children/adolescent having rights to be involved in decisions that affect their lives.
  - o Children/adolescent having the right to access and spend CVA.
  - o Girls/ child/ adolescent with disabilities having the right to access and spend CVA.



### Key questions to ask yourself in relation to advocacy and communications are:

- How will you communicate with CHH and UAC so they know they are eligible for CVA and so that they know how to access it?
- Is there a communication strategy for making communities aware of the referral pathways and feedback and reporting mechanisms that exist? Does it include children / adolescents and child/youth groups?
- How will you reach children/adolescents, especially CHH and/or UAC with information/ messages about your programmes? Where are CHH and/or UAC? What media is most accessible to them?
- Should your strategy for sharing messages be different for boys, girls, and children of diverse sexual orientation and other gender identities, children/adolescents with disabilities?
- What advocacy can take place to address some of the barriers – including legal, gender- and disability-related barriers – faced by CHH and UAC trying to access CVA?
- How can your communications with the wider community minimise tension between community members and child/adolescent CVA recipients?

## 4.4. Information management and data protection



Up-to-date information necessary for the protection of CHH and/or UAC receiving CVA is collected, processed/analysed and shared according to international child protection principles and with full respect for confidentiality, data protection and information-sharing protocols.

- Develop data protection and information sharing protocols describing the appropriate and agreed ways to collect, record, store, and share data on UAC and/or CHH who are CVA recipients.
- Review national legal frameworks and data protection protocols to establish how you can secure consent from children/adolescents to collect, record, store and share data about them.
- Put in place rigorous systems to protect the identity of CHH and/or UAC recipients of CVA. Whilst all CVA recipients' identities should be protected, CHH and/or UAC face increased risks. Possible risks of harm may include retaliation, extortion, coercion, or aggression from others. Example actions that protect the identity of CHH and/or UAC:
  - o Put in place a information sharing protocols, including data protection policies, which should cover guidance on data transfer and sharing.
  - o Substitute names and identifying information with codes.
  - o Carry out CVA disbursement in private, safe locations, where CVA recipients cannot easily be seen and identified.
  - o Keep any printed/paper documents and files in locked cabinets, in locked rooms.
  - o Password-protect any electronic files.
  - o Only share information on a need-to-know basis.
- Adapt data fields in any forms of databases to allow for the fact that heads of households may be children/adolescents.
- Coordinate CVA and child protection case management processes/databases so that they are compatible, harmonised, and complement each other. Systems should not require that children/adolescents have to: repeat the registration process, tell their story numerous times, or complete numerous forms to access assistance.
- CVA actors may, if they wish, use child protection case management codes to identify recipients. This must however be done with care, ensuring not to compromise data safety. CVA actors may use bank account numbers or phone numbers as recipient identifying numbers. In which case these should also be recorded on any child protection case management files so that the links are made between the two processes (CVA delivery and child protection case management).



**Key questions to ask yourself in relation to information management and data protection are:**

- What measures do you have in place to keep target lists safe?
- Are there risks in holding data on UAC and CHH?
- Are there certain groups of UAC or CHH in your setting – for example child formerly associated with armed forces and groups or illegal migrants – who may be particularly vulnerable if their identities and personal details are revealed?

# 5. PREPARATORY STEPS: WHAT SHOULD I DO BEFORE PROVIDING CASH AND VOUCHER ASSISTANCE TO CHILD-HEADED HOUSEHOLDS AND/OR UNACCOMPANIED CHILDREN?

CVA staff must collaborate with child protection and monitoring and evaluation colleagues to address the following programme actions **before it is possible to start** providing child headed households and/or unaccompanied children with Cash and Voucher Assistance.

## 5.1. Child protection needs and risk assessment



Objective and timely data and information on child protection risks are collected, managed, analysed and used in a principled, safe and collaborative manner to enable evidence-informed prevention and response actions.

The needs and risk assessment process should identify existing risks and seek to identify any potential future risks of implementing CVA that includes children/adolescents as recipients. Prior to commencing any CVA for CHH and/or UAC, you must use a multi-sectoral needs and risk assessment process to establish that the expected benefits will outweigh risks for the children/adolescents who will be receiving CVA. As best practice, this process should be integrated into your CVA Feasibility and Risks Assessment.

It is very possible that child protection teams have collected information on the needs of CHH and/or UAC, and that other sector actors have collected information that can influence the design of CVA. It is less likely that analysis has taken place that brings these two aspects together.

Examine closely how risks may vary for diverse children/adolescents – including those of diverse gender identities and those with disabilities. Work with a range of organisations – including child-focussed disabled people’s organisations – to gain a range of perspectives on how to design and run the risk assessment process.

Forms of risk to be assessed include: physical/health, emotional, safeguarding, food security, legal, economic, and political risks.

### Through primary and secondary data collection you will need to map out and identify...

- Community-level actions, actors, networks, and structures that may be able to:
  - o Help identify CHH and/or UAC.
  - o Refer CHH and/or UAC that are already identified.
  - o Ensure safety and security of children and adolescents who receive CVA.
  - o Provide goods and services to CHH and/or UAC.
  - o Support and mentor CHH and/or UAC when they are receiving and spending their CVA, including women’s groups to help mentor girls.
  - o Enable a smooth transition when CVA has to end.
  - o Provide care and shelter to CHH and/or UAC – e.g. kinship and foster care options.



- Existing social safety net programming provided by the government or non-government organisations – private, public, formal, informal – in the setting, that could potentially include CHH and/or UAC as recipients of CVA. It is good to know about these programmes so you can:
  - i. harmonise with them,
  - ii. ensure you are not duplicating, and
  - iii. consider how you may transition recipients to these programmes when you phase out.
- Services targeting and adapted to children and adolescents – include all services that are essential for their wellbeing. Services should cover shelter; safety and security; health; mental health and psychosocial support; education; livelihoods; food security; nutrition; water, sanitation and hygiene (WASH); etc. Establish the costs associated with any of the services and goods that are essential to children and adolescents. Establishing the costs of services can help you to:
  - o Determine the CVA amount required. (That is the protection top up needed to the Minimum Expenditure Basket – in order to meet the needs of CHH/UAC).
  - o Create links and referrals between your CVA and other suitable interventions.
- Legal frameworks that may impact on an organisations ability to provide CVA to CHH and/or UAC, including for example:
  - o Understand local laws on children/adolescents and work – what forms of work are legally allowed for which children/adolescents.
  - o Age at which, by law, children/adolescents become adults. If adulthood is also determined by other factors than age (e.g. work, marriage, becoming a parent; etc.).
  - o Local laws on age limits and rights of children/adolescents to: own assets; have access to financial services; borrow money; have a bank account; have a bank card; have a mobile phone; purchase certain goods; receive social protection/income; etc. Keep in mind that these legal rights may be different for boys, girls, and children/adolescents of other gender identities.
  - o Children's/adolescents' rights to head a household and live without an adult carer.
  - o Legal limitations for girls and women to earn, borrow, hold, save, store or spend cash or vouchers (for example in many countries a girl or woman needs the authorisation of a male relative to have a bank account).

### Community mentors

Given child/adolescent recipients of CVA may not have experience in managing money, it can be helpful to assign a community mentor to provide more regular assistance and guidance to the child/adolescent. Organisations who chose to have child/adolescent mentors must:

- o Work with the community and each child/adolescent to identify an adult with whom they feel comfortable.
- o Have the adult selected to be a mentor agree to support the child/adolescents.
- o Jointly set out and agree expectations of the “mentoring” role. Clarify if there is a stipend, if certain expenses are covered, average number of minutes per day/week, how long the support will be needed, etc.
- o Provide basic training on financial management, child rights, and child safeguarding to mentors.

Additional recommendations include:

- o Where the child/adolescent has a case worker, the case worker should be involved in reviewing the role of the mentor and ensuring the child/adolescent remains safe.
- o The selected mentor must be willing to take part in monitoring and supervision visits from the designated case worker.

## Secondary data review

- Start by reviewing existing needs assessment reports. Identify and analyse any data or information on the needs of affected children/adolescents that can impact on the design of CVA.
- Review data collected by UNHCR, UNICEF, OCHA, etc. for registering displaced populations. Understand if they are registering CHH and/or UAC.
- You can also draw on generalised trends drawn from case management data. You should not have to look at individual case files, but anonymous information showing patterns of risk can help you understand the situation of CHH and/or UAC.
- Lines of enquiry / questions you need to be able to address are covered in the box below, [Key questions to ask in the needs assessment process](#).

## Influencing needs assessment primary data collection activities

Where needs assessments are already taking place that can influence the design of CVA interventions for CHH and/or UAC – for example food security and livelihoods assessment, or Multi-sector Initial Rapid Assessment (MIRA) – it is good to work with the assessment teams to include considerations for CHH and/or UAC.

- Lobby to have at least one staff member on the team managing and running the assessment process who has relevant competencies and experience in (i) prevention and response to child protection risks and (ii) communicating with children/adolescents.
- Advocate for the inclusion of questions relating to the protection and rights of CHH and UAC in literature review criteria; survey questions; and key informant interview and focus group discussion guides.
- Those implementing CVA across sectors should work with child protection actors to develop assessment questions and tools that enable them to understand (i) the situation of CHH and UAC and (ii) how the needs of CHH and UAC will impact on the design of CVA.
- Where possible, select some enumerators with skills or experience in working with children/adolescents. *We do not recommend that enumerators in multi-sectoral assessment teams directly interview children, but it may be that children approach the team, and it is good to have enumerators skilled to respond.*
- Train enumerators who will be carrying out needs assessment on:
  - o Definitions of “child”, “adolescent”, “child-headed household”, and “unaccompanied child”.
  - o How to identify CHH and UAC.
  - o How to refer child protection cases.
- Select adult respondents who have regular contact and first-hand knowledge of children/adolescents as part of your needs assessment processes. Include community-level actors who have frequent and on-going contact with children/adolescents and know about children’s lives. For example, youth group leaders, women’s group leaders, heads of disabled people’s organisations, teachers, health workers, social workers, directors of residential care homes, local authorities, etc.
- Ask for the inclusion of observational data in assessment reports. Staff and partners may see:
  - o Where children/adolescents are gathered, (and where children/adolescents may be if they are not visible in public settings; for example, girls may be more likely to be at home than boys.
  - o What children/adolescents are doing in morning, day time, and evening, and
  - o Where children/adolescents are sleeping.
- Advocate for age, sex and disability disaggregated data. Specifically, work with those designing the needs assessment process so that they record data disaggregated according to agreed age bands – that do not confuse children, adolescents, youth and adults. You may for example suggest 0 – 9 years old and 10 – 17 as age bands to distinguish between adolescents and other children.



## Key questions to ask in the needs assessment process

For each line of questioning, consider how responses may be different for boys, girls, and children/adolescents of other gender identities, as well as those living with disabilities.

- Have CHH/UAC been observed in this setting?
- Have CHH/UAC been registered in this setting?
- Which children/adolescents are unaccompanied/separated from their families? What sex and gender identity do they have? What age are they? Where have they come from? What is their legal status?
- Is data that is collected on children/adolescents routinely sex, age, and disability disaggregated?
- What are CHH and UAC doing? Are they at school? Are they working?
- Where are CHH and/or UAC sleeping? Where are CHH and/or UAC spending time?
- Are existing systems for registering households including CHH and/or UAC? / Are CHH and/or UAC legally recognised in this context?
- Do CHH and/or UAC have access to required identification documents to be able to receive CVA? /
- Do CHH and/or UAC have access to humanitarian assistance?
- What risks are CHH and UAC facing?
- What negative coping strategies have CHH and UAC developed during or after the crisis in order to meet their needs? Are CHH and/or UAC facing issues in contact with the law?
- How are the risks and needs of girls, boys, and children/adolescents of other gender identities different because of gender norms and roles?
- What are the needs of CHH and UAC (what goods and services)?
- What support is currently available to CHH and/or UAC? Where do CHH and/or UAC children go for assistance/help?
- What goods and services are currently being provided to CHH and/or UAC?
- Which service providers are giving support to CHH and/or UAC?
- What, if any, are the costs associated with access to essential goods and services?
- What are the barriers to child-headed household accessing the services and goods they need?
- Can CHH and/or UAC legally have a bank account, have a credit or Automatic Teller Machine (ATM) card, have a SIM card/mobile phone, receive or spend money, receive and spend vouchers?
- Can children/adolescents of any age work? What are the restrictions of forms of work they can engage in, if any? What are the existing age restrictions on work, if any? What are the local norms about types of work appropriate for boys and girls??
- Could CVA unintentionally cause family separation? For example, if children/adolescents become child-headed households or unaccompanied children in order to access CVA.

## Engaging children/adolescents in the assessment process.

**\*\* This has to wait until later into the response, when qualified staff are available.\*\***

- Involve children/adolescents in your assessment processes through focus group discussions using [The Toolkit for Monitoring and Evaluating Child Protection when Using Cash and Voucher Assistance](#). Adhere to the following guidance:
  - Include children/adolescents later into the humanitarian response, but before CVA for CHH and UAC starts.
  - Analyse the risks versus benefits of including children/adolescents in the assessment process.
  - Trained staff who have experience in running participatory activities with children/adolescents must manage and facilitate the data collection process.
  - Referral pathways must be in place, in case incidents of harm are disclosed.
  - Engage children/adolescents who are already benefiting from some form of humanitarian assistance, if not CVA. Raise questions about how it would be easiest and safest for them to access CVA.
  - Gather complementary data you cannot find in existing needs assessment reports, for example the possible risks related to CVA for CHH and UAC.
- Use assessment data as a baseline against which you can compare your monitoring data. You will ideally repeat the process of gathering information on CHH and UAC needs at intervals throughout the life of your programme and CVA intervention. CHH and UAC needs may evolve or become clearer over time.

## Data analysis

- Analyse the data from your secondary data review and primary data collection processes.
- Establish which risks faced by CHH and UAC in your setting are linked to economic vulnerability.
- Analyse the information gathered so as to determine which risks may, therefore, be addressed by CVA. This may include child protection risks (such as trafficking, exploitation, and child labour). But it may also include other factors that impact on wellbeing, such as food security, health, shelter, etc. Note: there is existing evidence that CVA may address child marriage, child labour, family caregiving practices, wellbeing and psychosocial distress.<sup>23</sup>
- Based on this analysis, establish a theory of change as to how CVA can address the drivers of risk. Being clear on which risks you can address can inform your CVA targeting criteria and CVA design such as amount.

### For CVA to proceed, four conditions relating to risks, must be met:

1. The risk assessment must conclude that the expected/predicted benefits to child recipients, their family members, and the communities in which they live are greater than the possible risks.
2. A mitigation strategy must be in place to address any possible risks that may arise. Mitigation strategies include for example, if there is risk that children/adolescents are attacked when holding large sums of cash...
  - Giving children/adolescents smaller transfers more frequently.
  - Giving children/adolescents a small part of their transfer as cash to be able to pay for transport to safely reach location where vouchers can be spent.
3. There must be a system for monitoring and identifying new risks as they arise.
4. The monitoring system in place must enable children/adolescents and their families to report any challenges/risks that they may face



- [Annex 3: Safeguarding Risk Assessment](#)
- [Toolkit for Monitoring and Evaluating Child Protection When Using Cash and Voucher Assistance](#)
- [Toolkit for Engaging Adolescents in Child Protection and Cash and Voucher Assistance Monitoring and Evaluation](#), including, [Activity for Mapping Cash and Voucher Assistance Risks and Protective Factors with Adolescents](#)

## 5.2. Cash Feasibility, Risk and Delivery Mechanism Assessment

A variety of delivery mechanisms exist for cash and voucher assistance. Each has their own preconditions, advantages, and limitations depending on the context and programme objectives. Examples include direct cash distributions, cash through traders, debit cards, cheques, voucher fairs, and mobile money. The delivery mechanism chosen must take into account the needs of at-risk groups and the risk mitigation measures that can be put in place to ensure their access. For example, child-headed households who may not have access to a bank account may need to be supported through a different delivery mechanism or modality.

The selection of a particular type of cash or voucher assistance, either alone or with other interventions to accompany it, should take into account:

- The causes of the child protection concern you are seeking to address.
- The programme outcomes you are seeking to achieve;
- Safety and security in the location;
- Market and economic conditions in the context;
- The preferences of affected populations; and,
- Usability for programme participants with specific vulnerabilities, for example child -headed households, single mothers, etc.
- Discretion and flexibility of use. Do they allow for partial withdrawal and usage by CVA recipients?

### Actions to be taken:

- Develop a CVA feasibility and risk assessment process that is sensitive to the needs of CHH and/or UAC. This must include a market assessment.
- Reflect on which modality and delivery mechanism is most appropriate and/or preferred for the targeted group.
- Use [Annex 4: Delivery Mechanism Considerations for Unaccompanied Children \(UAC\)](#) to review the options for delivery mechanisms in your setting.
- Review information from your assessment process that indicates any potential risks for children/adolescents that may be associated with the various delivery mechanisms possible.
- Consider the diversity of CHH and / or UAC. It may be that you need different delivery mechanisms for different groups of children/adolescents, e.g. for girls, boys, or non-binary children, older or younger children, or children with disabilities.
- Decisions may need to be made on a case-by-case basis for more unusual situations, where children/adolescents are particularly at-risk. For example, if a child/adolescent is in foster-care but prefers to receive the CVA directly themselves, this may indicate issues with the foster care arrangement.
  - o The child/adolescent's circumstances – such as age, stage of development, and capacities – should be taken into consideration.
  - o Where the decision is not straight forward, and risks of providing CVA seem high, child protection case workers should be called in for support.

## Check if...

- There are laws preventing children from accessing financial service providers (FSPs) or other forms of assistance. For example, there may be legal age restrictions on children/adolescents accessing bank accounts; bank cards or Subscriber Identity Module (SIM) cards.
- Whether there are discrete and flexible delivery mechanisms which can be used with children.
- Whether children can safely store physical cash or cash equivalents.
- Explore children's perceptions of risks in relation to the different delivery mechanisms for receiving cash and voucher assistance.
- Ask children what their preferred methods are for receiving CVA.

## Consider FSP's capacity, including...

- Their skills in working with vulnerable individuals, including children,
- Their ability to manage and address safety and security risks,
- Any child labour policies and practices they may have,
- Their data protection protocols, and,
- Their capacity to apply data protection standards.
- Understand "Know Your Customer" (KYC) requirements and understand whether these may impact on children/adolescent's ability to access certain delivery mechanisms.

*Know Your Customer (KYC) refers to the information that local regulators require that FSPs collect about any new customers in order to discourage financial products being used for money laundering or other crimes.<sup>24</sup>*

## Work with financial service providers' staff

The following requirements relate to financial service providers (FSP) who have direct contact with CVA recipients.

- Translate relevant, organisational, protective policies (e.g. safeguarding, prevention of sexual exploitation and abuse, codes of conduct, and/or child protection policies) into the languages of FSP staff.
- When FSP staff have direct contact with children/adolescents, have these FSP staff sign any relevant policies that can provide protection to children/adolescents:
  - o Safeguarding, prevention of sexual exploitation and abuse, codes of conduct, and/or child protection policies.
- Train select FSP staff on psychological first aid and communicating with children/adolescents when and where:
  - o The FSP staff will have direct contact with child recipients.
  - o The number and geographical spread of FSP staff is not so great as to make training too costly and or time consuming.
- If it is possible, give FSP staff skills or provide them with job aids on the recognition of child protection concerns and methods for referral. This can be beneficial, but a decision to ask FSP staff to engage in the recognition and referral of child protection cases must take into account the need to do no harm.

**Note:** Requirements that all FSP staff should be trained, may make the cost of selecting an FSP with a large team size very high. Rather than avoiding selecting large FSPs, consider, for example, designating certain FSP staff as child contact points. Then train only those members of the team who will have direct contact with children/adolescents.

## Select your CVA Delivery Mechanism

- Select the suitable delivery mechanisms for your location based on an analysis of: the context (socio-cultural norms; political situation; and the environment); a market assessment; services and technology available in the location; nature and stage of the crisis; risks relating to diverse options for delivery mechanisms; as well as by the experiences and situation of the CHH and UAC children and adolescents in the location.
- In order to avoid delays and complications during project start up, it is recommended to develop framework agreements with FSPs that takes into account specific needs of CHH and/or UAC as part of preparedness activities.
- Identify the financial service providers (FSP) through the CVA feasibility and Risk assessment. Consider which are most appropriate to deliver CVA to CHH and/or UAC. Consider that contracting of FSP can take a lot more time than initially planned (3 to 6 months in some cases) depending on the context and agency.
- Implement CVA through a range of delivery mechanisms that would be suitable, in your location, to the needs of diverse CHH and/or UAC. Select only the delivery mechanisms for which risks for CHH and UAC are (i) limited or (ii) any risks that do exist can be mitigated.

## Recommendations regarding delivery mechanisms

- Unrestricted cash transfers are the preference for CHH and/or UAC over 14 years old. When and where unrestricted cash transfers are not possible an alternative delivery mechanism should be selected that provides the most dignity and choice as possible to the CHH and / or UAC recipient.
- Where unrestricted cash transfers are not possible, and you are providing cash for work, adhere to international and national legal guidance on suitable forms of work for different age groups. See [Recommendations for engagement of children in cash for work](#).

### KEY RECOMMENDATIONS

- o It may be possible for older adolescent CHH and /or UAC (say, those 14 to 17 years old) to receive the CVA directly themselves. Ideally, mentoring and/or supervision by a community member should accompany this.
- o Younger CHH and UAC, where possible, should be placed in foster care for caregivers to receive CVA. They should only access CVA in very specific circumstances, in line with what services/CVA is being provided to other children their age living with families in the given context and with close support/mentoring from a designated adult community member.
- o Community members providing mentoring and/or support to children and/or adolescents should themselves receive support or training to understand what the CVA mentoring and/or supervision responsibilities are.
- o If a UAC 14 years or older in foster care states that they prefer to receive CVA directly without their caregiver knowing it is important to review the case more closely. See if it is possible to provide CVA with the support of a mentor from outside the household. Refer the child/ adolescent to a child protection expert to assess the care arrangements. Provide the CVA in smaller more frequent tranches. Monitor the situation closely.<sup>25</sup>

## Recommendations for engagement of children in cash for work<sup>26</sup>

	Minimum age at which children can start work	Possible exceptions for middle- or low- income countries
The basic minimum age for work should not be below the age for finishing compulsory schooling, and in any case not less than 15.	<b>15</b>	<b>14</b>
Children between the ages of 13 and 15 years old may do light work, as long as it does not threaten their health and safety, or hinder their education or vocational orientation and training.	<b>13-15</b>	<b>12-14</b>



### Key questions to ask when deciding on the delivery mechanism

- Has an assessment of different delivery mechanisms taken place that looks at risks and barriers to access for UAC and CHH?
- What are barriers to accessing certain delivery mechanisms? Do certain children/adolescents face particular barriers that others do not?
- What are the risks associated with different delivery mechanisms in your location?
- How has the crisis affected the possibility to use certain delivery mechanisms?
- Are the individual children/adolescents you are intending to target at risk of coercion, bribery, or extortion?
- How would delivery mechanism recommendations differ for those with disabilities? For girls, boys, and non-binary children/adolescents? For children/adolescent who are of diverse sexual orientation, gender identity, gender expression and sex characteristic? For children/adolescents who are married? For children/adolescents who are parents?
- What service providers are working in the location? Are they trained on working with children?
- Have financial service providers been assessed? Did this assessment cover issues relating to safeguarding and child protection?
- Have financial service providers had safeguarding training?
- What security structures exist? Do they address risks faced by children/adolescents?
- What is the level of financial literacy of the target CHH and/or UAC?
- Is it possible to integrate support for UAC and/or CHH into existing social protection systems as opposed to developing a parallel humanitarian process?
- Will other members of the household, community or extended family take control of the CVA if given in certain forms? (e.g. younger male siblings may feel they should control older sisters; ex-commanders of children formerly associated with armed forces or groups; etc.)
- What technologies do CHH and UAC have access to and what are they familiar with?
- What are the barriers to CHH and/or UAC accessing certain modalities and delivery mechanisms?
- What do CHH and UAC spend their money on?



- You may need to repeat the process of market, cash feasibility and risk assessment when a new or changing humanitarian crisis has had a significant impact on markets; cash flows; financial systems; and risks to CHH and/or UAC. Confer with other agencies to see if others may already have done this.



- [Annex 4: Delivery Mechanism Considerations for Unaccompanied Children \(UAC\)](#)

### 5.3. Agreed mandatory reporting procedures

Reporting here refers to the onward sharing of information relating to safeguarding incidents, concerns, or suspicions. Safeguarding reports may be actual or suspected:

- o Child abuse;
- o Other forms of violence against children; and/or,
- o Any sexual exploitation and abuse (SEA) of affected populations and host community members.
- Reporting safeguarding incidents, concerns or suspicions is considered mandatory (compulsory) for all staff in accordance with the [UN Secretary-General's Bulletin: Special measures for protection from sexual exploitation and sexual abuse \(ST/SGB/2003/13\)](#).
- Always check what existing reporting mechanisms there are within your organisation and or location. Integrate and coordinate with existing mechanisms wherever possible. Where they do not already exist, work with an accountability, SEA, or safeguarding expert to put in place a system for your activities.



All staff, in all positions, at all levels within in an organisation are responsible for reporting any incidents, concerns, or suspicions they hear about or witness, as rapidly as possible.

### 5.4. Agreed process for referral of child protection cases

Referral pathways – indicating service providers giving safety and security, health, mental health and psychosocial support, justice, and reintegration support – must be in place in each location where you are implementing CVA. These can then be referred to should information be disclosed about any experiences, or possibility of, harm to children/adolescents. Whilst the full range of services may not be available in your location, you do need to be aware of what is available.

- Map out the service providers in your location that can give the care and support needed by children/adolescents experiencing any form of harm or maltreatment. The service providers' contact names, addresses, and phone numbers must be known and documented for easy access by programme staff.
- Establish a system for referral across sectors – so that child protection actors can identify and refer at-risk CHH and UAC to be integrated into the CVA interventions of other sectors. And so that, other sector actors can link CHH and UAC receiving CVA to child protection case management support.
- Train staff across sectors on the use of these referral pathways.
- Monitor for confidential and responsive referral of cases as they arise.
- Set aside contingency funds, in case children/adolescents and/or their families need financial assistance to be able to access shelter, medical treatment, safety and security, or other forms of assistance when they have disclosed harm. Your organisation may not provide case management support, or have the capacity to do so, but may have a referral pathway that indicates the supports available from other government or non-government actors. Whilst you would not provide the case management services, you may need to provide financial support to enable access to these services.

## 5.5. Adaptation or set up of accountability mechanisms

You need to actively seek the views of children and adolescents, CHH and UAC's throughout all stages of the programme cycle – from preparedness, to set-up and implementation through to evaluation. Keep in mind that you may have to seek the opinions of boys, girls, and children of other gender identities in different places and in different ways in order to ensure participation. Engagement processes must also be adapted for children/adolescents living with disabilities.

- Map out existing accountability mechanisms.
- Adapt existing or establish new child-friendly feedback and reporting mechanisms. Feedback and Reporting Mechanisms (FRM) are one way in which the ideas and concerns of the children/adolescents and communities can be heard. FRM can:
  - o Improve the quality of CVA design and implementation, making it more effective, relevant, appropriate and sustainable;
  - o Reduce the risk of harm to children/adolescents and their families or communities at the hands of staff or partners or caused by programme activities;
  - o Capture the wishes and needs of children/adolescents so as to influence CVA design;
  - o Enable the voices of children/adolescents to be heard;
  - o Reduce the chances of fraud, mismanagement and inefficiency; and
  - o Improve relations with donors.
- If there are no systems tailored to the needs of children/adolescents, establish at least one accountability mechanism that is appropriate for, tailored and adapted to include children/adolescents.
- Put in place standard operating procedures (SOPs) that guide how child safeguarding cases are handled if they are detected.

### Ensuring CVA programme accountability to children/adolescents, their families, and communities

Extensive guidance is available elsewhere on establishing and maintaining mechanisms for accountability to children/adolescents and their families and communities. See for example, Severijnen, E. and Hill, P. (2020) [Creating an Inclusive and Accessible Feedback and Reporting Mechanism](#). Save the Children. Some key actions include:

- Set up regular meetings with diverse groups of children/adolescents and community members to:
  - Get their insights and views on how CVA should be designed;
  - Inform them of the planned intervention design – and how their views have informed the design;
  - Gain feedback on the CVA implementation;
  - Hear their suggestions for how to adapt the programme; reach the most at risk; identify child protection/safeguarding or sexual exploitation and abuse risks; and strategies for mitigating risks; and,
  - Feedback to them any risks you have identified and mitigation strategies you have put in place.
- Put in place a range of diverse forms of feedback and report mechanisms – enabling community level input into your programme design and implementation; as well as staffing.
- Establish at least one accountability mechanism that is appropriate for, tailored and adapted to include children/adolescents. Ensure that systems allow those of diverse abilities at different ages and stages of development to input.
- Seek advice on and set up adapted systems for receiving feedback and reports from children/adolescents with disabilities.

- Set up accountability mechanisms run by individuals who are separate from the team that is running the CVA disbursements. You may wish to work with an independent of the agency or organisation to receive feedback. Or, at least, one avenue for receiving feedback should be totally independent of the staff providing the CVA.
- Put in place standard operating procedures (SOPs) that dictate how child safeguarding cases are handled if they are detected.
- Establish and enforce protocols for maintaining confidentiality and safety in report handling.
- Distinguish between roles and responsibilities of various staff in relation to responding to child protection and safeguarding concerns and risks. Be clear which staff, partners, consultants, or community members are involved in documentation, confirmation, investigation, and follow-up of cases involving children/adolescents.
- Give children/adolescents a choice, where possible, of who they talk to (man or woman) when discussing a child protection or safeguarding issue.
- Follow-up on or refer any suspicions raised as well as any reports made relating to child protection or safeguarding.
- Adjust programme design in real time, based on the inputs of children/adolescents, their families and communities – including CHH and UAC.
- Integrate mitigation strategies into your CVA when any safeguarding, child protection, or sexual exploitation and abuse incidents are reported or suspicions are raised.
- Feedback to the individual who reported any suspicions, concerns or incidents.
- Carry out an audit of the accountability mechanism at intervals throughout the lifecycle of your CVA. Assess the forms of feedback being received, who is submitting the feedback, what the outcomes of the feedback are, and if there is a return of information to those who made the report. If children and adolescents are not reporting suspicions or incidents, it is important to check why not.



### Key questions to ask yourself in relation to accountability in your CVA

- Do feedback and reporting mechanisms exist already in the location?
- Are their child-friendly feedback and reporting mechanisms?
- If not, what can be adapted and built on?
- Do existing feedback mechanisms have adapted systems for including children/adolescents of all genders? For example, girls may prefer to speak to women, and often visit different locations to boys and men. Is there a reporting mechanism that is staffed by women and is set in locations that girls go to?
- Would these systems be accessible to diverse CHH and UAC? For example, are the FRM in locations where CHH and UAC frequently go? Are children encouraged to report, not just adults?
- Have diverse children/adolescents been reporting suspicions, concerns, or incidents to the existing mechanisms? If not, why not?
- What forms of suspicions, risks or incidents have children/adolescents been reporting?
- Are there systems for giving feedback to children (including CHH and UAC) on how humanitarian response have been adapted based on their feedback?
- Have community-level actors and structures (i.e. committees, groups, associations) been engaging children in the accountability process?

# 6. DESIGN STEPS: WHAT SHOULD YOU DO TO DESIGN CASH AND VOUCHER ASSISTANCE FOR CHILD-HEADED HOUSEHOLDS AND UNACCOMPANIED CHILDREN?



All cash and voucher assistance programmes that target child-headed households and/or unaccompanied children are designed, planned, managed, monitored and evaluated through structured processes and methodologies that build on existing capacities and resources, address evolving child protection risks and needs, and are continuously adapted based on learning and evidence.

The following sets out the steps to be taken to design and set-up your CVA for CHH and/or UAC.

- Confirm accountability mechanisms are in place and functioning as you take steps to design and put in place your CVA. See section 5.5, Adaptation or set up of accountability mechanisms, above
- Work with children and adolescents to design the CVA and linked interventions in ways that meet their needs.



See section 5.2 on page 23 and Tool 5 on page 33 of [Guidelines for Children's Participation in Humanitarian Programming](#).

- Consider working as a group of CVA actors and CP practitioners to develop a set of Cash and voucher assistance (CVA) and Child protection (CP) Standard Operating Procedures (SOPs). This would indicate how CVA can recognise and refer CHH and/or UAC to each other, so those receiving CVA access case management support and vice versa.
- Standard operating procedures of all sectors targeting CHH and UAC in their CVA should include referral to case management support.
- Start to establish a clear transition strategy when you first set up the CVA for CHH and/or UAC. Contact should be made with long-term development actors from the outset so as to discuss and agree how humanitarian agencies will transition their CVA to others.
- Communicate your CVA transition / phase out strategy to your staff, partner organisations, FSPs, CVA recipients, and the wider community from the outset. (See section, 7.4 Transition or handover, below.)

## 6.1. Identification and targeting of CHH and/or UAC

Targeting is the criteria you use for selecting the recipients of CVA. For each CVA programme and in each context, you will need to develop specific targeting criteria.

- If you are using community-based targeting in your regular CVA programmes, include CHH/ UAC in the selection criteria, if this is considered appropriate at assessment stage. Community-based targeting (such as Household Economy Approach) often focus more on economic criteria. If you are using a scoring system in regular CVA programmes, consider adding an additional score/point for those who are CHH/ UAC.
- Work with youth groups, organisations of persons with disabilities, women's groups, etc. to identify often excluded groups and help you develop context-specific targeting criteria.

- o Ask them which CHH and UAC are most at risk, and which children/adolescents are most marginalised and excluded.
- Work with actors at the community-level to determine the criteria – this can reduce conflict and jealousy.
- Consult with a range of community members when determining your targeting criteria. This can help to avoid tension between the wider community and those who are eventually chosen as CVA recipients.
- Go to locations where CHH and/or UAC are reportedly gathering to identify children and adolescents that fit your criteria.
- Adapt registration forms so that they include child protection issues that are linked to CHH and UAC. This will help you review registration forms to identify those who are most at risk. Depending on your location the child protection risks CHH and/or UAC face might include: child trafficking, child labour, child marriage, and/or association of children with armed groups and forces. You can also integrate the [Washington Group Short Set on functioning Questions](#) to help you identify those living with disabilities.
- Draw on case management data to inform the targeting criteria.



#### Question to help you establish if a child is the head of a household

- Who lives in your household with you?
- Who earns money in your home?
- Who makes decisions about how money is spent in your home?
- Who buys food in your home?
- Who pays bills, like rent, energy, electricity and water? [Change the list of costs based on setting.]
- What caring work do you do? Who are you caring for? What caring work do other children/adolescents in your home do? Who do they care for?

For a full questionnaire see: [“Young people who care”](#).



Antwan Chnkjji UNICEF Syria, March 2022

- Where the resources available cannot meet the needs identified, you may need to prioritise further. For example, if you cannot include all displaced CHH and/or UAC in your location – you may wish to prioritise those with a greater ratio of dependents, who are child parents or pregnant, and/or those with disabilities.
- Share the targeting criteria for your organisation with other actors implementing CVA.
- Review the targeting criteria at intervals throughout your programme cycle, based on new assessment data and programme monitoring (which should give you updates on the situation of children and adolescents and efficiency of interventions).
- Run out-reach activities for inclusion of those most at-risk and/or most often excluded – including for example adolescent girls; children with disabilities; children who belong to a minority, marginalised or indigenous group; and children who are on the move or stateless. For example:
  - o Set up mobile activities.
  - o Go to youth centres and clubs to speak to children / adolescents and ask them which children/adolescents are currently being excluded from assistance.
  - o Run door-to-door activities in camps, to register CHH and/or UAC who may have been missed.
  - o Ask community, camp and temporary shelter leaders if there are children/adolescents – girls and boys – who are not accompanied by any adults.
  - o Further details on how to do outreach activities this are given in the reference documents below.
- Establish a system for referral across sectors – child protection actors can identify and refer at-risk CHH and UAC to be integrated into the CVA interventions of other sectors. UASC and/or CHH identified by sectors other than child protection should systematically be referred to CP programmes and receive case management support alongside their CVA.
- Add CHH and/or UAC to recipient lists of existing CVA programmes across all sectors of the humanitarian response, and in multi-purpose cash interventions.
- Revise your CVA targeting lists regularly as new CHH and UAC are identified and registered.
- Child protection actors should **not** share lists of the names of all CHH and UAC in your location with all actors implementing CVA for confidentiality and safety reasons. Instead, you should cross check CVA recipient lists for the names of known CHH and UAC. Where individuals are missing, add these names to the lists. If and when referrals are made between the two actors, the other sector/actor can verify eligibility according to their own criteria prior to delivering assistance.
- Non-child protection actors should keep child protection and case management actors informed of all CHH and UAC identified and targeted for receipt of CVA.
- If deemed appropriate, communicate targeting decisions to the wider community. Explaining **who** was chosen as CVA recipients and **why**. This can avoid tension between child/adolescent recipients and other members of the community not selected as CVA recipients.



### Key questions to consider regarding targeting

- What financial resources are available for CVA for CHH and UAC?
- Does the number of CHH and UAC outnumber the resources available?
- What are the existing targeting criteria for CVA interventions across sectors?
- Are CHH and UAC being excluded from existing recipient lists? IF YES, then why are CHH and/or UAC being excluded? Because of their gender, age, for legal reasons, they are unintentionally being overlooked? Can the CVA be designed differently to suit CHH and/or UAC as opposed to excluding them?
- How can you best support UAC when several unrelated UAC are living in a formal or informal group home together?

**The following is a sample of possible targeting criteria.  
These should be selected and adapted based on the context.**

- There are no adults within the household unit.
- The child/adolescent is alone or living with other children/adolescents (they head up their household or family).
- The CHH and/or UAC has no other sources of income. The CHH and/or UAC has income that is insufficient to meet their needs.
- The CHH and/or UAC is unable to access humanitarian assistance.
- CHH and/or UAC is involved in one of the worst forms of child labour or in hazardous labour.
- CHH and/or UAC is a survivor of trafficking; sexual and gender-based violence; or child marriage.
- CHH and/or UAC are parents (child mother or father). CHH and/or UAC is pregnant or an expecting parent.

### **Questions to consider when determining the priority of cases**

Where you have limited funding and the targeting criteria identifies a larger number of children/adolescents than your budget can support, you may need to prioritise further. The questions below can help in prioritising the CHH and/or UAC.

- Dependency ratio – how many individuals depend on the child/adolescent? There are # children/adolescents living together as a household (# should be determined based on the profile of children/adolescents in the location, and the potential coverage of the CVA intervention).
- Documentation status and rights to access other support and/or work?
- Coping strategies – has the child/adolescent or other children/adolescents in the household already had to resort to negative coping strategies, including for example worst forms of child labour; child marriage; or withdrawing from education.
- Shelter – is the child/adolescent living on the street? Is their current shelter soon going to be unavailable to them? Does the child/adolescent feel safe where they are currently living/sleeping?
- Children/adolescents within the household are living with a serious injury, disability or a chronic illness.<sup>27</sup>

ALL OPTIONS REQUIRE CLOSE MONITORING AND SUPPORT, ESPECIALLY  
WHEN CVA BEGINS. THIS MONITORING WOULD IDEALLY BE DONE BY  
A COMMUNITY BASED MENTOR OR CASE WORKER .

## 6.2. Transfer Value, Frequency and Duration

Your transfer value should be calculated based on basic needs, existing income, and other assistance the CHH and/or UAC is receiving.



Multipurpose cash grants are typically calculated based on a minimum expenditure basket (MEB) to cover basic needs. These are unlikely to take into account specific expenses related to protection of CHH and/or UAC. For example, due to rapid change in size and shape adolescents may need clothes and shoes more often. Adolescent girls may start menstruating and thus need menstrual hygiene products.

- Review the in-country agreed Minimum Expenditure Basket (MEB).
- Ensure that any CHH and/or UAC specific costs for goods and services are added to the MEB if they were not previously taken into account.
- Review (1) assessment data and (2) consult case workers anonymised case management information to inform decisions about a protection “top-up”. This top-up would be the amount of extra CVA required for transfers to CHH and/or UAC because of additional costs they incur. Balance any decisions to give one-off top-ups against the tension and risks this may cause if the general population finds out that CHH and/or UAC are receiving more than others.
- Where there is a shortfall and the CVA does not cover CHH and/or UAC needs, explore referral to complementary support and services to address the gap.
- Balance the risks at the moment/point of receipt of CVA against the benefits of frequent and smaller transfer amounts.
  - o Reduce the frequency of transfers where CHH and UAC are exposed to high levels of risk each time they collect or receive CVA but risks associated with storing CVA are lower.
  - o Divide the transfer into more frequent, smaller amounts where there are (i) risks associated with storing the cash; and/or (ii) concerns about CHH and/or UAC capacity to manage funds and appropriately budget.
- Consider the extra costs to your operations of adaptation to reduce risks for CHH and/or UAC. For example, it may cost more to run a CVA intervention with more frequent transfers or use of different delivery mechanisms.
- Plan to implement CVA for a medium to long-term duration (6 – 12 months). CHH and/or UAC may have limited alternatives and be relatively dependent on the CVA. In addition, a longer duration of CVA will likely have greater positive effects and reinforce child protection outcomes.





## Questions to consider when determining the transfer amount for CHH and/or UAC

- What is the minimum expenditure basket?
- What is the CVA transfer amount for adults in the setting?
- Do CHH and/or UAC incur additional / specific costs? (Child health care; education; child clothing and food needs; menstrual hygiene needs; healthcare or nutritional needs related to teenage pregnancy etc.)
- Are children/adolescents more likely to have to pay higher sums of money for the same items?
- How many others are living in the household with the child/adolescent? Are all these children/adolescent part of one family sharing resources? Or are a group of children/adolescents living together in a group home but managing their finances separately?
- Do children/adolescents have restricted access to income, where they are not able to work due to schooling or legal restrictions? (Dowry lost by not marrying; income lost due to going to school, and therefore not being able to work, etc.)
- Are children/adolescents forced to take on lower paid jobs than the general population?
- Is a CHH/UAC-specific top up needed to cover these costs?
- Will having a different CVA transfer amount than other recipients create tension within the community?

## Costs that need to be considered when determining the transfer amount for CHH and / or UAC

What are additional or specific costs for CHH and/or UAC?

- Cost of access to education, including options for Technical and Vocational Education and Training, accelerated learning programmes, and continued education.
- Cost of access to health services generally, SRHR specifically, and menstrual hygiene products.
- Higher costs for clothes and shoes that need to be replaced more frequently given children/adolescents are still growing.
- Higher nutrient requirements for pregnant or lactating girls.
- Increased nutritional requirements for adolescents due to significant physical growth.
- Debt for education or to households they have been staying with.
- Transportation or communication costs to stay connected to distant relatives.

Talking to children/adolescents using the Money Matters and Adolescent CP and CVA Meal toolkit can enable you to understand what some of these costs are for children/adolescents.

- See Money Matters: A toolkit for caseworkers to support adult and adolescent clients with basic money management - <https://resourcecentre.savethechildren.net/library/toolkit-monitoring-and-evaluating-child-protection-when-using-cash-and-voucher-assistance>

## 6.3. Interventions to accompany Cash and Voucher Assistance for Child Headed Households and / or Unaccompanied Children

Cash assistance should not be provided to CHH and / or UAC in isolation. A minimum package of support is necessary to meet the needs of CHH and/or UAC in most contexts. This may be established by linking CHH and/or UAC to existing services provided by communities; civil society organisations; and/or government agencies. Alternatively, where these services do not already exist, humanitarian actors may need to deliver these supports.

- Work with children/adolescents to establish what their needs are; what needs the CVA is able to address; and therefore, to identify programme interventions that could accompany CVA to address any shortfalls.
- Identify which agencies or organisations are providing these goods and/or services in your location.
- Lobby for the inclusion of CHH and/or UAC in other agencies' interventions.
- Establish agreements for referral from your CVA intervention to theirs.

### Essential interventions to accompany cash and voucher assistance

- Inter-sectorial referrals to basic services. These are systems for referral of CHH and UAC to other services they may need that are not provided by your agency or organisation.
  - Examples may include access to complementary in-kind distribution of food, hygiene, and/or dignity kits, vaccination programmes, shelter, etc.
- Up-to-date comprehensive information on the services CHH and/or UAC can access and how to access these services.
- Links to on-going case management support.
- Family tracing and reunification.
- Alternative care options, such as foster care and supervised independent living should be explored, where the child/adolescent does not wish to return to their family.
- Subjects for support may include basic money management and financial literacy, so they are enabled to meet their needs with the income they have. Adults may accompany children/adolescents when shopping.
- Basic money management support as a minimum, even better if it is possible to provide financial literacy training. This enables children/adolescents to think through how they can meet their needs with the income they have. Adults may also help by accompanying children/adolescents when shopping.



See [Money Matters: A toolkit for caseworkers to support adult and adolescent clients with basic money management](#)

- Adult mentoring, coaching, or supervision of CHH and UAC – directly or through community-level actors. Mentoring and/or supervision should be provided by adults, ideally community members. These community members must be trained and given guidance on safeguarding and details of their responsibilities and role in relation to CVA. Mentors should be linked to caseworkers who provide them with advice and guidance.
- Links to community-level approaches that can provide support to CHH and/or UAC. This can be especially helpful where there are no child protection actors among the humanitarian responders.
  - At the community level there may be, for example, actors who are providing foster care, child protection focal points, and /or child protection networks.

- o Ask children and adolescents who provides them with support in this setting.
- o Ask local leaders, heads of women’s and youth groups, and health workers “who helps children/adolescents in this setting?” They should be able to indicate the names of individuals and organisations.
- o Contact those actors and ask them what support they can and do provide to children/adolescents – including CHH and/or UAC.
- o Confirm with children/adolescents who have already received support from these actors that they feel safe approaching these individuals/actors.

### **Complementary interventions that should be implemented where there is capacity**

- Accompaniment of CHH and UAC when they are accessing other services and goods, so that you can support them:
  - o In completing any administrative processes
  - o With translation
  - o By explaining CHH and UAC rights and entitlements.
- Links with education interventions. For example:
  - o Advocate for the inclusion of CHH and UAC;
  - o Strengthen the responsiveness of the education system to the needs of CHH and UAC (e.g. there may be a need for non-formal accelerated learning programmes); and,
  - o Refer CHH and UAC who are identified as out of school; etc.
- Integration and mainstreaming of child protection and rights activities into the CVA of other sectors.
- Community awareness raising campaigns on child protection, child rights and the impact of family separation and child abuse, neglect, violence, and exploitation, as well as child labour and discrimination.
- Childcare services.
- Distribution of food and non-food items, in line with assistance being received by other households at-risk in the setting.
- Mental health and psychosocial support for children/caregivers.
- Recreational activities for CHH and UAC.
- Vocational skills/ apprenticeship programmes. Ensure this is targeted based on the age group of the child/adolescent. That choice of activities is driven by children’s and adolescents’ views. And that activity options do not reinforce harmful gender norms.
- Literacy and language skills.
- Income-generating activities for children/adolescents. Community-level grants or credit to initiate livelihoods that CHH and UAC may be a part of.
- Parenting skills training. Provide “parenting” classes for CHH and UAC who are parents themselves. And/or establish parenting groups for adolescent parents so they can build a network with others going through the same experience.
- Peer group activities for CHH and UAC. Deliver curricula of life-skills sessions.
 

For example [UNICEF’s Adolescent Kit for Expression and Innovation](#), [IRC’s Supporting Adolescents and their Families in Emergencies Resource Package](#), and War Child’s [IDEAL](#) programmes. These should cover how to manage conflict without violence. Peer-to-peer violence can escalate in situations of crisis.
- Sexuality education for pre-adolescent and adolescent CHH and UAC.
- Messaging on (i) risky behaviours, (ii) alcohol and substance use, and (iii) addiction, with the aim to discourage these practices among CHH and/or UAC. This can be integrated into one-to-one case management processes; group activities; and/or community-level awareness raising campaigns.





### Questions to consider relating to interventions to accompany CVA

- Do CHH and UAC have access to services other than CVA? What are the other services available to them? Case management; health services; mental health and psychosocial support; legal advice; economic strengthening activities; education; shelter; nutrition; food security and livelihoods; reintegration; WASH; etc.?
- What agencies and organisations in the current location are providing services that include and are adapted to children and adolescents? Government; civil society organisations; community level organisations; etc.?
- Where are the gaps in children and adolescent's support needs?
- Has the child/adolescent received any income before? Has the child/adolescent managed a budget before? Does the child/adolescent need support in basic money management if they are given CVA?
- Is there violence within CHH and/or UAC households in this location? Is there violence between CHH and/or UAC and the community? (to be assessed by a CP actor)
- Are there high levels of adolescent pregnancies / adolescent parents?
- Are CHH and/or UAC integrated into the formal education system? And the health system?

## 6.4. Selecting the right indicators for your monitoring and evaluation framework

- Review ANNEX 5: Menu of indicators for monitoring the impact of CVA on CHH and UAC and select a number of indicators that are suitable for your location. Try to identify indicators for which you (1) have baseline data, (2) data can easily be collected to report against that indicator without creating additional data collection needs, and (3) does not require that you put CHH and/or UAC at risk in order to collect that data.
- Include these chosen indicators in your M&E framework.
- Agree what indicators relevant to CHH and UAC should be integrated into the CVA work of non-protection and multi-purpose cash activities and at what time intervals progress against indicators should be measured.
- Establish a set of red flag indicators for your programme, specific to your setting. These should be developed based on the context and situation and response analysis.
  - o Decide before activities start what incidents would require a total halt to programming, what would require revisions, and within what timeframe action would need to be taken if those issues arise.
  - o Depending on the severity of harm, for some red flag indicators one single incident is sufficient to decide to halt your intervention, for others, you can have a higher threshold.



## RED FLAG INDICATORS

A 'red flag' indicator is a piece of information or data you should regularly track to alert you to negative issues that may relate to your interventions. Red flag indicators relating to CVA for CHH and UAC may include those that identify (i) harm to children/adolescents; (ii) an increase in vulnerability of CHH or UAC; or (iii) a negative outcome for affected communities due to your actions. In the case of CVA for UAC and CHH red flag indicators may include, for example:

- Number of children/adolescents whose cash has been stolen when they are direct recipients
- Number of children/adolescents reporting instances of harassment, feeling unsafe, etc, including differences in reports between girls and boys
- Number of children/adolescents who have intentionally separated from their families in order to access CVA.
- Cases of sexual exploitation and abuse perpetrated by FSP, aid workers, transportation workers, or others when disbursing or facilitating disbursement of CVA.

The following information may help you to develop your red flag indicators:

- Reports on existing protection issues – especially as they face children/adolescents;
- Data on safeguarding concerns related to CVA;
- Information on at-risk groups in your setting;
- Data gathered through the use of the CVA and CP MEAL Toolkit.

“Red flag” indicators should be measured at the outset and at regular intervals throughout the project. Changes in these red flag indicators should be examined. When they are caused by your interventions; a change in your interventions is needed as soon as possible. When the issue is particularly serious you may need to halt all actions whilst a solution is found.

## 6.5. Establishing your budget

- Advocate to have the costs for meeting the needs of CHH and UAC included in all programme proposals across all sectors. Child protection is a highly underfunded humanitarian sector. Integrating the needs of CHH and UAC as one of most at-risk groups in times of crises into the work of other sectors will increase the chance that their needs are met. This will be most effective when you collaborate with sectors that have a higher rate of funding – including health, nutrition, and food security.

When preparing your programme budget, calculate and cover the following costs	
✓	Item
	Translation of global guidance and tools into relevant languages.
	Needs assessment involving children/adolescents, including analysis of gender and disability issues.
	Baseline against which you can monitor programme progress.
	On-going monitoring and evaluation costs. This should include monitoring at regular intervals throughout implementation, an end-line evaluation, and if possible an evaluation 3-6 months after transition.
	Establishing complementary child friendly accountability mechanisms (for example a child hotline, or child help desk).
	Child participatory activities – including focus group discussions for consultation with CHH/UAC at needs assessment, programme design, monitoring, and evaluation stages.
	Child/adolescent focussed risk assessment.
	Mapping of the legal and policy frameworks guiding the delivery of CVA to children/adolescents.
	Staff training on Child safeguarding, codes of conduct, child rights, and communicating with children/adolescents, etc.
	Additional staffing needs within FSP – if extra female staff need to be hired for example.
	Cost of closer monitoring of FSPs.
	Cost of learning development for FSPs.
	Adapted services being delivered by Financial Service Providers – there may be additional transfer fees due to (i) increased number of recipients; (ii) multiple smaller tranches; or (iii) the use of different delivery mechanisms for CHH and/or UAC.
	Community messaging and norms change activities to create community acceptance of children/adolescents receiving CVA.
	Information, Education, and Communication materials such as pamphlets, brochures, flyers, leaflets and posters – explaining recipient entitlements, giving contact numbers, describing how to access CVA, sharing referral pathways, etc.
	Staff or volunteer costs relating to mentoring and support to children/adolescents receiving CVA (in particular implementation of the Money Matters toolkit).
	Contingency budget for referral of safeguarding cases.
	Stipends for community mentors who provide support to CHH and/or UAC receiving CVA.

# 7. IMPLEMENTATION STEPS

- Regularly review, and if necessary, adjust your programme design based on feedback and analysis of monitoring data.
- Agree roles and responsibilities between services providers and different sector actors in relation to delivering CVA, monitoring its use, and referrals for any CP issues arising.
- Identify one staff member – either employed by your organisation or a partner organisation – with experience with children/adolescents, ideally in child protection prevention and response. They should be accessible to the CHH and/or UAC recipients throughout the course of CVA implementation. Provide the CHH and/or UAC recipients with contact details for this person.
- Inform actors providing case management support of all and any CHH and/or UAC receiving CVA through your interventions, prior to disbursement.
- Adapt methods for reporting lost/stolen cards or PINs so that they are accessible to children/adolescents, as well as adults.

## 7.1. Registration

- Train staff carrying out registration processes on how to communicate with children/adolescents.
- Ensure registration forms allow for inclusion of CHH and UAC. For example, age groups listed on the form must include children/adolescents.
- Lobby for agencies to include CHH and UAC in their registration processes. For example (i) where individuals do not have a fixed address they must still be allowed to register and (ii) child protection risks should be listed as a reason for registration (however not further information on the types of CP risks) .
- Support CHH and UAC in administrative processes for registering with government, UN agency, NGO, or CBO-sponsored long-term initiatives for economic support, where they exist, and where these enable access to CVA and other services.

## 7.2. Delivery

- You may need diverse delivery mechanisms for children/adolescents who are in different situations. Depending on the needs of children and adolescents in your setting you may need a range of distribution spaces or forms of CVA. For example, some children /adolescents might feel more comfortable having the cash provided in-hand in a discrete place of their choosing, others may prefer to receive mobile money. The range of modes of delivery will need to be planned and budgeted for.
- Creative ways of providing CVA to CHH and UAC may be needed to allow them to feel safe and to ensure they can access support they need. This will vary depending on the setting. For example:
  - You may need to identify an adult who can receive the cash on behalf of a CHH or UAC. If this is the way in which you will implement the CVA, you will need a third party to regularly monitor that the CHH/UAC is receiving all the CVA when needed, and is free and able to spend the CVA the way they choose.
- Confirm that FSP staff delivering CVA to CHH and UAC are those that have had training on (i) psychological first aid and communicating with children/adolescents; (ii) safeguarding, prevention of sexual exploitation and abuse, reporting mechanisms and referral pathways; and (iii) child right programming.
- Establish regular opportunities for FSP staff to have support and advice from someone with child protection or child-rights programming experience. They should be able to share concerns and ask questions about ways of working.
- Check on the actions of Financial Service Providers when delivering CVA to UAC/CHH regularly. You may wish to use a “secret shopper” or “mystery shopper”<sup>28</sup> approach where you ask a staff member to act as a UAC/CHH recipient. They would test the behaviour of the FSP by receiving the CVA and providing feedback to the organisation or agency managing the project.

- Minimise the number of intermediaries and the physical distance between the programme management and CHH and/or UAC receiving CVA. This will limit the possibility of abuse, fraud, and risks going undetected. The greater the distance, the higher the number of intermediaries, the more likely that protection risks, abuse, and fraud may take place.<sup>29</sup>

### 7.3. Monitoring and evaluation systems

For all programs, you should have a minimum of a baseline assessment (which captures key information on child protection and cash and voucher indicators; and Post Distribution Monitoring (PDMs). PDMs are vital as they capture progress against indicators, allowing you to monitor your distribution process, and adjust your programmes as soon as any issues or risks are noticed.

- Include the views of CHH and UAC in the design of all monitoring, evaluation, accountability, and learning processes.<sup>30</sup>
- Where staff trained in working with children/adolescents are available to run activities with children/adolescents, use child-friendly processes for engaging children/adolescents directly in the CVA M&E (from baseline, to monitoring and evaluation). Examples may include:
  - o Use forum theatre and role play to explore existing challenges and understand possible solutions and mitigation strategies that children/adolescents may propose.
  - o Provide children/adolescents with cameras to keep a record of their daily lives, this may help when establishing needs and wishes.
  - o Have children/adolescents keep visual journals of their activities and spending in relation to the CVA, that they can talk through with their caseworker when they next see them.
  - o Use the “Toolkit for Engaging Adolescents in Child Protection and Cash and Voucher Assistance Monitoring and Evaluation”.
- Integrate questions on risks to children/adolescents in all monitoring processes.
- Develop post-distribution monitoring (PDM) tools that are tailored for use with CHH and UAC.
- Ensure all tools for baseline data collection, monitoring, and evaluation disaggregate responses by gender, age, disability, other aspects of diversity, and household composition.
  - o Where possible, age should be disaggregated as 0-9 years (early childhood) 10–17 (adolescence). This enables you to distinguish between younger children and adolescents, and in turn all children/adolescents can be distinguished from adults.
  - o Disaggregate gender as “Girl, boy, other (please specify), rather not say”. This can help you to identify risk factors.
  - o Asking about household composition can help you to rapidly recognise and refer CHH and/or UAC.
- Request that child protection case managers carry out an assessment of changes in the wellbeing of CHH and UAC over time. Aggregated, anonymised data can then be used by the CVA programme to assess outcomes.
  - o The wellbeing questions and indicators should be context-specific developed in collaboration with diverse children/adolescents.<sup>31</sup>
  - o Wellbeing data can be gathered as part of the case management process.
- Evaluate your monitoring and accountability mechanisms at regular intervals. Are they receiving feedback from children/adolescents? Do you need to make changes in order to better hear the views of children/adolescents?



## On-going monitoring activities

- Train staff carrying out any baseline, monitoring, or evaluation data collection to be able to recognise, and refer, if a child/adolescent is CHH and/or UAC.
- Check feedback received through monitoring activities and accountability mechanisms, at regular intervals, in order to inform decisions on programme design and adjustments.
- At regular intervals, request feedback from children/adolescents on:
  - Any changes in the profile of CHH and UAC in the location.
  - How their wants and needs may have changed over time.
  - How they are using the CVA they receive.
  - Efficacy of Financial Service Providers.
  - Efficacy of selected delivery mechanisms.
  - Any risks relating to CVA delivery mechanisms being used.
  - Any risk mitigation strategies they are employing.
- Integrate questions on risks to children/adolescents in all monitoring processes.
- Agree a protocol for flagging risks identified during monitoring activities to ensure CVA delivery is promptly adapted to mitigate any ongoing, immediate, and urgent risks to CHH and/or UAC.

### Risks to monitor may include, for example:

- Negative coping strategies that have an impact on children/adolescent's protection – such as engagement in worst forms of child labour; withdrawal from education; child marriage; etc.
  - Inappropriate or dangerous use of funds – for example the frequent purchase of psychoactive substances that are harming the user.
  - Incidents of exploitation, coercion, bribery, or extortion of children and adolescents because they are receiving CVA.
  - Tensions between community members and CHH and/or UAC who are recipients of CVA.
  - Risks when receiving CVA, storing CVA or spending CVA.
- 
- Schedule PDM data collection visits at hours that do not interrupt CHH and / or UAC planned activities – such as formal or informal learning.
  - Delegate all monitoring responsibilities to staff members and teams who do not have responsibility for CVA targeting choices and disbursement. This allows children/adolescents and community members to feel more comfortable if they are reporting concerns with the way CVA is being implemented.
  - Collect and share all data in disaggregated form – sex, age, disability, and other relevant aspects of diversity that may intersect to exacerbate risk and vulnerability.
  - Establish a regular schedule for reviewing needs of the CHH and UAC impacted by the crisis. CHH and UAC needs may evolve or become clearer over time. CVA design may need to be adapted in response to those changed needs.
  - Carry out site observations to verify that agents are adhering to proper procedures regarding crowd control and security, and that they are appropriately dealing with children/adolescents in these contexts.
  - Feed monitoring outcomes directly into programme design. Adapt your targeting criteria, CVA frequency, amount, and delivery mechanism, etc. according to the information being collected on changing CHH and UAC needs; circumstances; and safety.

- Carry out an interview with CHH and/or UAC – using your post-distribution monitoring questionnaire – to understand how the CHH and UAC view the programme and staff, the quantity and quality of what they have received, and how they used their entitlements. This should ideally be done by child protection staff.

## Evaluation

- Carry out mid-term, end-line evaluation and post-exit evaluations, wherever funding and security allows, to review the quality, efficacy, etc. of CVA for CHH and/or UAC.
- Plan this evaluation process when setting up and designing your CVA intervention.
- Build upon a review of the data collected during the initial needs assessment processes.
- Gather data that can help you to determine:
  - o The appropriateness of the use of CVA for CHH and/or UAC.
  - o Relative efficacy of different delivery mechanisms for CHH and/or UAC.
  - o Comparative efficacy of different delivery mechanisms for tackling various child protection risks.
  - o Comparative efficacy of different delivery mechanisms for addressing the needs of diverse children/adolescents.
- Include children/adolescents who have all benefitted from the humanitarian response as respondents in your evaluation process.
  - o Where this passes an ethical review process, try to include some children/adolescents who have not directly received CVA as respondents. You can for example interview adolescents in households where adults received CVA.
  - o The views of those who benefitted from assistance but did not directly have CVA can enable a comparison of outcomes.
- Integrate question on the impact of CVA on CHH and UAC in focus group discussion; survey; and key informant interview guides across sectors of the humanitarian response.
- Include child protection staff in the data analysis process.
- Share trends and lessons learned through your evaluation process with other actors, including:
  - o Those implementing CVA in-country (including government and non-governmental actors as well as community-level organisations);
  - o District and national level coordination groups;
  - o Regional bodies and groups;
  - o Donors; and,
  - o Global structures setting standards on child protection interventions and/or CVA.

## Tools:

- [Toolkit for Monitoring and Evaluating Child Protection When Using Cash and Voucher Assistance](#)
- [Toolkit for Engaging Adolescents in Child Protection and Cash and Voucher Assistance Monitoring and Evaluation, including, Activity for Mapping Cash and Voucher Assistance Risks and Protective Factors with Adolescents](#)

## 7.4. Transition or handover

Your CVA support to children/adolescents may come to an end for one of a variety of reasons. For example: children/adolescents' needs may be resolved; a child/adolescent may leave the area; a child/adolescent situation may change meaning they are no longer eligible for CVA; your funding may come to an end; or you may close your offices in the location. Individual and programme-wide exit strategies need to be thought through carefully and ahead of time. Transition or handover needs to be communicated to children/adolescents, staff, and communities in a respectful way.

- Provide children and adolescent CHH and UAC with clear and transparent information about when the CVA interventions will end as early as possible in the intervention. This should be done in ways that are adapted to their age and stage of development.



See [Money Matters: A toolkit for caseworkers to support adult and adolescent clients with basic money management](#).

- Be clear with the CHH and/or UAC if other services will remain available to them or not. For example, will their case management support continue even after CVA ends?
- Work with child protection case managers to draw on information from the case management process to tailor the exit / transition strategy for groups of children or adolescent who are receiving CVA.
  - o Where individual children/adolescents are particularly at risk, work with child protection case managers who can use best interest procedures, where necessary, to establish the most suitable option for each child/adolescent.
- Link CHH and UAC to longer-term continued programming in, for example, the sectors of: (i) education; accelerated learning; and technical and vocational education and training programmes; (ii) health; (iii) mental health and psychosocial support; and/or (iv) livelihoods.
- Support CHH and UAC in administrative processes for registering with the government or UN agency-sponsored long-term initiatives for economic support.
- Integrate CVA targeting CHH and UAC into other sector programmes as one way to maintain longer-term funding and support.
- Collaborate with government run-social welfare systems and community-level and national organisations to maintain support for CHH and UAC beyond the life of humanitarian agency projects and response plans.
- Go back to children/adolescents and their families 3 – 6 month after the CVA has ended to carry out a post intervention evaluation, wherever this is possible. This can help evaluate overall outcomes and impact. It will also help you learn how effective exit and transition strategies have been.



### Key questions in relation to transition or handover

- What long term actors are based in the location who you can hand over children/adolescent who need on-going support?
- Will child protection case management and other support interventions continue even after CVA ends?
- What age will CHH and UAC no longer receive support? Will their CVA end as soon as they turn 18 years old and become adults? What about other markers of adulthood in the community??
  - Are there agencies providing CVA support to at-risk youth, young people, or young adults who you can transfer the over 18-year-old caseload to if those over 18 years old are not covered by your organisations mandate?
- How will CHH and UAC support themselves after CVA ends?

# ANNEX 1: REFERENCES AND TOOLS

## Core references to be read in conjunction with this guidance

- It is essential that staff using this guidance also reference the [Child Safeguarding in Cash and Voucher Assistance](#) as it highlights key areas of risk for children in CVA and strategies for mitigating those risks.
- Okubo, Tomoo (2017) Making cash transfers work for children and families, UNICEF Child Poverty and Social Protection Unit
- Toolkit for Engaging Adolescents in Child Protection and Cash and Voucher Assistance Monitoring and Evaluation, <https://resourcecentre.savethechildren.net/document/toolkit-for-engaging-adolescents-in-child-protection-and-cash-and-voucher-assistance-monitoring-and-evaluation/>
- Skovbye, Rebecca (2021) Guidance on Promoting Child Protection Outcomes Through Cash-Based Interventions, UNHCR, <https://www.unhcr.org/60d43f824>

## Guidance on working with children

- The Alliance for Child Protection in Humanitarian Action, 2019, Minimum Standards for Child Protection in Humanitarian Action, CPMS Annex: Glossary, available at: <https://alliancecpa.org/en/glossary-minimum-standards-child-protection-humanitarian-action-2019-edition>
- UNHCR Emergency Handbook (version 1.8) Best Interests Procedure, available at: [https://emergency.unhcr.org/entry/44308/best-interests-procedure#:~:text=Best%20interests%20assessment%20\(BIA\),the%20child%20in%20the%20process](https://emergency.unhcr.org/entry/44308/best-interests-procedure#:~:text=Best%20interests%20assessment%20(BIA),the%20child%20in%20the%20process)
- UNICEF (2011) Communicating with children, available at: [https://sites.unicef.org/cwc/files/CwC\\_Final\\_Nov-2011.pdf](https://sites.unicef.org/cwc/files/CwC_Final_Nov-2011.pdf), accessed 31 March 2021
- Dybdal, A.S, Melin, M., Terlonge, P. (2013) Save the Children Psychological First Aid Training Manual for Child Practitioners, Save the Children Denmark, <https://resourcecentre.savethechildren.net/library/save-children-psychological-first-aid-training-manual-child-practitioners>
- O’Kane, Claire (2013) Guidelines for Children’s Participation in Humanitarian Programming, Save the Children, <https://resourcecentre.savethechildren.net/library/guidelines-childrens-participation-humanitarian-programming>

## Guidance on working with adolescents and young people

- Plan International (2020) Adolescent Programming Toolkit: Guidance and Tools for Adolescent Programming and Girls’ Empowerment in Crisis Settings, United Kingdom: Plan International, <https://plan-international.org/publications/adolescent-programming-toolkit>
- UNICEF Adolescent kit for Expression and Innovation, <https://adolescentkit.org/>
- IASC, With us & for us: Working with and for Young People in Humanitarian and Protracted Crises, UNICEF and NRC for the Compact for Young People in Humanitarian Action, 2020, <https://interagencystandingcommittee.org/events/iasc-guidelines-working-and-young-people-humanitarian-and-protracted-crises>
- The Compact for Young People in Humanitarian Action, 2018, [www.youthcompact.org/about](http://www.youthcompact.org/about)

## Guidance on working with unaccompanied children

- Melville Fulford, Louise and Smith, Rebecca (2013) Alternative Care in Emergencies Toolkit, [https://resourcecentre.savethechildren.net/node/7672/pdf/ace\\_toolkit\\_0.pdf](https://resourcecentre.savethechildren.net/node/7672/pdf/ace_toolkit_0.pdf)[https://resourcecentre.savethechildren.net/node/7672/pdf/ace\\_toolkit\\_0.pdf](https://resourcecentre.savethechildren.net/node/7672/pdf/ace_toolkit_0.pdf)[https://resourcecentre.savethechildren.net/node/7672/pdf/ace\\_toolkit\\_0.pdf](https://resourcecentre.savethechildren.net/node/7672/pdf/ace_toolkit_0.pdf)
- Uppard, S. and Birnbaum, L. on behalf of the Inter-agency Working Group on Unaccompanied and Separated Children (2016) Field Handbook on Unaccompanied and Separated Children, The Alliance for Child Protection in Humanitarian Action, available at: <https://alliancecpha.org/en/child-protection-online-library/field-handbook-unaccompanied-and-separated-children>
- Uppard, S. and Birnbaum, L. on behalf of the Inter-agency Working Group on Unaccompanied and Separated Children (2017) Toolkit on Unaccompanied and Separated Children, The Alliance for Child Protection in Humanitarian Action, available at: <https://alliancecpha.org/en/child-protection-online-library/toolkit-unaccompanied-and-separated-children>

## Guidance on delivering CVA

- CALP Programme Quality toolbox, <https://www.calpnetwork.org/resources/programme-quality-toolbox/>
- International Red Cross and Red Crescent Movement (2017) The Cash in Emergencies Toolkit, <https://rcmcash.org/>
- UNHCR Cash-Based Interventions, <https://www.unhcr.org/cash-based-interventions.html#:~:text=UNHCR%20uses%20cash%2Dbased%20interventions,and%20to%20facilitate%20voluntary%20repatriation.>
- 3 things to know about...Integrated Cash and Voucher Assistance (CVA) and Child Protection (CP) during the COVID-19 Pandemic, <https://resourcecentre.savethechildren.net/library/integrated-cash-and-voucher-assistance-cva-and-child-protection-cp-during-covid-19-pandemic>

## Guidance on adapting your CVA during infectious disease outbreaks

- Adapting your CVA during infectious disease outbreaks: The Cash Learning Partnership (20 May 2020) CVA in COVID-19 contexts: guidance from the CALP network, [https://www.calpnetwork.org/wp-content/uploads/2020/03/CaLP-summary-guidance-version-10-20-May-2020-English\\_.pdf](https://www.calpnetwork.org/wp-content/uploads/2020/03/CaLP-summary-guidance-version-10-20-May-2020-English_.pdf)
- Plan International (2020) Cash and Voucher Assistance: COVID-19 Resource Toolkit, <https://www.calpnetwork.org/publication/cash-and-voucher-assistance-covid-19-toolkit-one-pager/>

## Guidance documents that can support the implementation of the principles

- For details on running a child-focussed risk assessment process see: Plan International (2018) Child-Centered Multi-Risk Assessments: A Field Guide and Toolkit, United Kingdom: Plan International, available at: <https://plan-international.org/multi-risk-assessment-children-disasters#download-options>
- For detailed lists of mitigation strategies relating to risks associated with CVA see: Amar, J., Hames, H. and Clifton, N. (2019) Child Safeguarding for Cash and Voucher Assistance Guidance, Save the Children, <https://resourcecentre.savethechildren.net/document/child-safeguarding-cash-and-voucher-assistance-guidance/>
- Thompson, H. and Whiting, C. (2019) 20 core elements: a toolkit to strengthen safeguarding report-handling, BOND, UK Aid, available at: <https://www.bond.org.uk/resources/safeguarding-report-handling-toolkit>
- Davey, C. and Heaven Taylor, L. (2020) PSEA Implementation Quick Reference Handbook, GCPS Consulting UK, for CHS Alliance, available at: <https://www.chsalliance.org/get-support/resource/pseah-implementation-quick-reference-handbook/>

- For further information on Mandatory reporting see page 13 of InterAction (2010) InterAction Step by Step Guide to Addressing Sexual Exploitation and Abuse, <https://www.interaction.org/wp-content/uploads/2019/04/2010.6-Step-by-Step-Guide-Comments-Version.pdf>
- How to support survivors of gender-based violence when a GBV actor is not available in your area: A step-by-step Pocket Guide for humanitarian practitioners (version 2.0), <https://gbvguidelines.org/en/pocketguide/>

### **Adaptation or set up of feedback and reporting mechanisms**

- Severijnen, E. and Hill, P. (2020) Creating an Inclusive and Accessible Feedback and Reporting Mechanism, Save the Children, [https://resourcecentre.savethechildren.net/pdf/1\\_-\\_creating\\_an\\_inclusive\\_and\\_accessible\\_feedback\\_and\\_reporting\\_mechanism\\_0.pdf/](https://resourcecentre.savethechildren.net/pdf/1_-_creating_an_inclusive_and_accessible_feedback_and_reporting_mechanism_0.pdf/)
- Plan International (2018) Child-Friendly Feedback Mechanisms: Guide and Toolkit, <https://plan-international.org/publications/child-friendly-feedback-mechanisms-guide-and-toolkit#download-options>.<https://plan-international.org/publications/child-friendly-feedback-mechanisms-guide-and-toolkit#download-options>

### **Information management and data protection**

- The Child Protection Area of Responsibility has produced a [Draft Data Protection and Information Sharing Protocol](#).
- CALP (2013) [Protecting Beneficiary Privacy: Principles and operational standards for the secure use of personal data in cash and e-transfer programmes](#).
- CALP, [Data Responsibility Toolkit: A Guide for CVA Practitioners](#).

### **Needs assessment and situation analysis**

- Toolkit for Monitoring and Evaluating Child Protection when using Cash and Voucher Assistance: <https://resourcecentre.savethechildren.net/document/toolkit-monitoring-and-evaluating-child-protection-when-using-cash-and-voucher-assistance/>
  - o In particular, Tool 1: Focus group discussion/key informant interview tool to identify child protection benefits and risks before starting cash and voucher assistance
- Child Safeguarding for Cash and Voucher Assistance Guidance, <https://resourcecentre.savethechildren.net/document/child-safeguarding-cash-and-voucher-assistance-guidance/>
- Coping strategies - Feinstein International Center, Tufts University & TANGO (2008) The Coping Strategies Index: Field Methods Manual (2nd Edition) [https://www.fsnnetwork.org/sites/default/files/coping\\_strategies\\_tool.pdf](https://www.fsnnetwork.org/sites/default/files/coping_strategies_tool.pdf)
- Guidelines for Children's Participation in Humanitarian Programming, [https://resourcecentre.savethechildren.net/pdf/children\\_participation\\_humanitarian\\_guidelines.pdf/](https://resourcecentre.savethechildren.net/pdf/children_participation_humanitarian_guidelines.pdf/)
- For support in developing your Theory of Change, see pages 7 – 8 of Skovbye, Rebecca (2021) Guidance on Promoting Child Protection Outcomes Through Cash-Based Interventions, UNHCR, <https://www.unhcr.org/60d43f824>

### **References to support development of your targeting criteria**

- UNICEF (2020) Cash and voucher assistance targeting for education outcomes: How to select beneficiaries to advance equity and maximize results, <https://www.unicef.org/documents/cash-and-voucher-assistance-targeting-education-outcomes>
- Household Economy Approach (HEA) - [https://www.heacod.org/fr-fr/Published%20Reports/Household%20Economy%20Analysis\\_Package21032018.pdf](https://www.heacod.org/fr-fr/Published%20Reports/Household%20Economy%20Analysis_Package21032018.pdf) - this will help you identify the poorest economically active households in a context.
- Heightened Risk Identification Tool – <https://www.refworld.org/docid/4c46c6860.html> - this is a tool that helps to identify individuals at heightened risk. This tool is designed specifically for refugee settings, but could be adapted to other contexts.
- UNHCR and IDC (2016) Vulnerability screening tool, <chrome-extension://efaidnbnmnibpcjpcglclefindmkaj/viewer.html?pdfurl=https%3A%2F%2Fwww.refworld.org%2Fpdfid%2F57f21f6b4.pdf>. This tool helps you to establish eligibility and prioritisation criteria. It can also help caseworkers with sample questions and scripts to identify risks.

## Tools that describe how to work with specific groups and can help you to design outreach activities

- UNHCR (2011) Need to Know Guidance 3: Working With National or Ethnic, Religious and Linguistic Minorities and Indigenous Peoples in Forced Displacement, <https://www.refworld.org/docid/4ee72a2a2.html>
- Cordero, Ricardo Pla; Mitra, Gopal; Tucker, Megan; Bieler, Rosangela Berman (2017) Guidance: Including Children with Disabilities in Humanitarian Action, United Nations Children’s Fund and Handicap International, <https://resourcecentre.savethechildren.net/library/guidance-including-children-disabilities-humanitarian-action>
- I’m Here: Steps and Tools to Reach Adolescent Girls in Crisis, <https://www.womensrefugeecommission.org/research-resources/im-here-steps-tools-to-reach-adolescent-girls-in-crisis/> <https://www.womensrefugeecommission.org/research-resources/im-here-steps-tools-to-reach-adolescent-girls-in-crisis/>
- CBM Global (2021) Disability Inclusive Cash Assistance: Learnings from Practice in Humanitarian Response, <https://www.unicef.org/media/93166/file/Cash%20and%20voucher%20assistance%20targeting%20for%20education%20outcomes%20-%20How%20to%20select%20beneficiaries%20to%20advance%20equity%20and%20maximize%20results.pdf>
- Plan International (2021). Mobile Child Protection Programming Guidance. [https://alliancecpha.org/en/system/tdf/library/attachments/plan\\_mobile\\_child\\_protection\\_programming\\_guide\\_correction1.pdf?file=1&type=node&id=43675](https://alliancecpha.org/en/system/tdf/library/attachments/plan_mobile_child_protection_programming_guide_correction1.pdf?file=1&type=node&id=43675)
- Plan International and Edge Effect (June 2020) Walking the Talk: Supporting Young LGBTIQ+ People in Our Covid-19 Adaptation and Response, <https://plan-international.org/sexual-health/lgbtiq-inclusion>

## Tools to support monitoring and evaluation processes

- A Toolkit for Monitoring and Evaluating Children’s Participation, Booklets 1 – 6, <https://resourcecentre.savethechildren.net/document-collections/toolkit-monitoring-and-evaluating-childrens-participation> especially Booklet 1, Section 4. Ensuring ethical participation in monitoring and evaluation, pages 14 – 17.
- Child Protection in Emergencies Monitoring Toolkit Draft 5.2, Child Protection Working Group, 2016, [https://resourcecentre.savethechildren.net/node/12294/pdf/cpie\\_situation\\_and\\_response\\_monitoring\\_toolkit\\_field-testing\\_version\\_draft\\_5.2\\_july2016.pdf](https://resourcecentre.savethechildren.net/node/12294/pdf/cpie_situation_and_response_monitoring_toolkit_field-testing_version_draft_5.2_july2016.pdf)
- International Red Cross and Red Crescent Movement and The International Federation of Red Cross and Red Crescent Societies, Cash in Emergencies Toolkit, Module 5: M&E, <https://rcmcash.org/toolkit/>
- Washington Group of Disability Statistics, Question Sets, <https://www.washingtongroup-disability.com/question-sets/>
- Evaluating humanitarian action using the OECD-DAC criteria: An ALNAP guide for humanitarian agencies, ALNAP, 2006, <http://www.alnap.org/resource/5253>

## ANNEX 2: TRAININGS

- Self-Awareness: Managing biases, <https://kayaconnect.org/course/info.php?id=383>, 30 minutes
- Cash and Voucher Assistance: The Fundamentals, <https://kayaconnect.org/course/info.php?id=496>, 3 – 4 hours
- Child Protection in Humanitarian Action: This is Samira, <https://youtu.be/2QdvtIaAuA>, 3 mins 50 seconds
- What is Child Protection in Humanitarian Action? <https://youtu.be/H6CTjV-3V6c>, 6 mins 20 seconds
- Safeguarding Essentials, <https://www.youtube.com/watch?v=2QdvtIaAuA>, 1 – 1.5 hours
- Basic Principles of Disability Inclusion in Humanitarian Response, <https://kayaconnect.org/course/view.php?id=886>, 30 mins
- Introduction to Sexual Exploitation and Abuse, <https://kayaconnect.org/course/info.php?id=273>, 1 hour
- Child Safeguarding in Emergencies, 3 mins 35 seconds <https://www.youtube.com/watch?list=PL7m7bY82aNP3LB-EnC6Aoazhi-KbFK4Kx&v=GQhOuq7BFLY>, 3 mins 35 seconds
- Psychological First Aid for Children, <https://kayaconnect.org/course/view.php?id=781>, 1hr 30 mins
- CALP and UNHCR Online Training Course: [E – transfer and operationalizing beneficiary data protection](#)



Antwan Chnkdji UNICEF Syria, March 2022



# ANNEX 3: SAFEGUARDING RISK ASSESSMENT



Use this form to assess potential safeguarding risks related to the involvement of children (aged 0–17 years) in your CVA interventions.

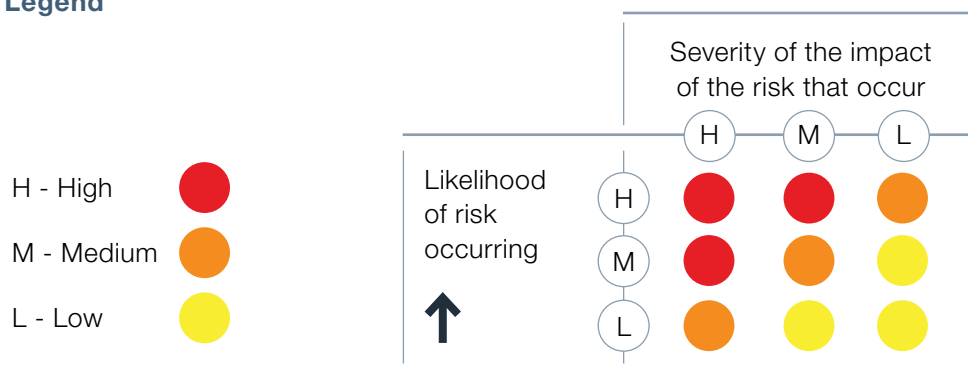
## Description of activity and/or event(s):

## Calculate the overall risk ranking level:

For example:

- Where the likelihood of a risk occurring is high (red) and the impact of the risk on the child is low (yellow), the overall risk is medium (orange).
  - Where the likelihood of a risk occurring is low (yellow) and the impact is low (yellow), the overall risk is also low (yellow).
- Actions to mitigate risk should prioritise those risks ranked high and medium.
  - Certain risks ranked high may need you to pause your interventions until a mitigation strategy that eliminates the risk is found, and implementation can recommence. Decisions about response to risks ranked high should be made in consultation with management.

## Legend



## Planned date(s) and location (s) of activity and/or event(s):

Step 1: Who is at risk?  (Think about the factors which put them at risk)	Step 2: What are the risks?	Step 3: What are the control measures currently in place and how effective are they?	Step 4: Risk calculation			Stage 5: What are the agreed additional controls/ actions to be put in place to mitigate the risk?	By whom?	By when?
			Likelihood	Impact	Risk level			
E.g. adolescents aged 10–14 years	Risk of road accidents as the road to the feedback collection point that the children use is not safe.	Children invited for the consultation should be accompanied by an adult on their way to the venue of the consultation.	L	H	M	Ensure chaperones for young adolescents. Or ensure Plan International staff are present at the road where adolescents walk/ cross. Ensure safe alternative transportation for children, etc.		

# ANNEX 4: DELIVERY MECHANISM CONSIDERATIONS FOR UNACCOMPANIED CHILDREN (UAC)

This tool is part of the Guidance note on designing Cash and Voucher Assistance for Child-headed households (CHH) and Unaccompanied and Separated Children (UASC). It should not be as standalone information on how to establish CVA to benefit CHH and UASC, but should be read with that fuller document.

As with any cash and voucher assistance, an appropriate analysis is needed to determine the most appropriate and feasible delivery mechanism. Decisions on delivery mechanisms should be based on:

- Market functionality,
- Preferences and needs of the target group and
- Protection and safety considerations.
- Living circumstances of each individual child.

The below table provides guidance to cash actors when considering which would be the most appropriate delivery mechanism for basic assistance to UASC.

Delivery Options	Age group	Possible advantages	Possible disadvantages	Impact for diverse children in your setting
List the delivery options available in your setting.	Adapt age groups based on legal frameworks and cultural practices in your setting.	List the possible negative aspects of the delivery mechanism for CHH and/or UASC in your setting.	List the possible negative aspects of the delivery mechanism for CHH and/or UASC in your setting.	Are there differences for girls, boys, those of diverse sexual orientation, gender identity, gender expression and sex characteristic? Are there differences for children with disabilities?
Unrestricted cash Cards that are useable in Automated teller machines (ATMs) and at Point of Sale or Service (PoS) <sup>32</sup>	14 to 17 years old	<ul style="list-style-type: none"> <li>- More flexible for the recipient. Cash can be used on any priority needs, particularly where PoS are not present – e.g. for transport, repaying debt, etc.</li> <li>- Would not require to have PoS present. Especially convenient in locations where access to supermarkets/shops with PoS are more limited.</li> <li>- Contribute to building basic skills on budgeting and money management.</li> <li>- Limit tensions as CHH and / or UASC would be receiving the same assistance as others.</li> <li>- Reduced organisational administration and distribution costs if it is the same delivery mechanism that is already set up for general cash distributions.</li> <li>- Greater dignity for recipients as they can make their own decisions around priority needs.</li> </ul>	<ul style="list-style-type: none"> <li>- No control over expenditure. For example, cash could be spent on what humanitarian agencies may consider to be non-priority needs.</li> <li>- Tension with other members of the affected or host community. This can be a more significant concern in less urban areas where use of ATMs by under 18s may be more visible.</li> <li>- Difficult to monitor actual expenditure when cash is withdrawn from an ATM.</li> <li>- Could result in higher risk of CHH/UASC being targeting for theft if it is known CHH or UASC may have cash on their person.</li> <li>- There may be restrictions from Financial Service Providers (FSPs) in distribution of unrestricted cash to under 18s.</li> <li>- Could encourage children to misrepresent age in order to access assistance (less relevant for those pre-registered already).</li> </ul>	
	Under 14 years old	<i>Not recommended. Those under 14 years old should not be given money to spend without adult guidance and support.</i>		

Restricted cash (cards/ vouchers useable at Point of Sale (PoS) on	14 to 17 years old	<ul style="list-style-type: none"> <li>- Recipients still have flexibility to choose what they need/ want (according to priority needs) in terms of food/non-food items (NFIs).</li> <li>- Possible to restrict to certain items such as food, hygiene items etc.</li> <li>- Reduced organisational administration as they would usually use the same delivery mechanism but with specific restrictions for some CHH and/or UASC.</li> <li>- Able to monitor expenditure more accurately.</li> <li>- More dignified for recipients to be in charge of their own decision-making around priority needs when compared to restricted vouchers.</li> </ul>	<ul style="list-style-type: none"> <li>- Might restrict recipients accessing certain things they do need if a suitable PoS is not present. For example local transport.</li> <li>- May not address some vulnerabilities of CHH and/ or UASC but instead increase them. For example (1) they may be unable to repay debt if they receive cards applicable for PoS only. (2) They may be forced to purchase items only in a location that is abusive towards children.</li> <li>- Possibility of some tensions if the general population is receiving cards that can be used in ATMs and CHH and / or UASC are not.</li> <li>- Buying from formal shops can be more expensive than informal local stalls/ markets. Prices may be non-negotiable.</li> </ul>	
	Under 14 years old.	<i>Not recommended. Those under 14 years old should not be given money to spend without adult guidance and support.</i>		
Restricted Vouchers (vouchers useable in certain shops for certain items)	14 to 17 years old.	<ul style="list-style-type: none"> <li>- Able to restrict to the purchase of certain items such as food, hygiene items, etc.</li> </ul>	<ul style="list-style-type: none"> <li>- Would restrict recipients from accessing certain things, limiting flexibility and choice. Restrictions are often in terms of both what can be bought and where things can be bought.</li> <li>- Possibility of some tensions if general population is receiving cash and UAC are receiving something more restricted.</li> <li>- May require a separate delivery mechanism to be set versus what is being used for the general population. This is administratively heavy for implementing organisations.</li> <li>- Local vendors may not be willing to participate in locations where the caseload will be small for example if there are less than 10 recipients in one site.</li> <li>- Smaller vendors may be unwilling to work on a reimbursable basis when there is a general economic crisis.</li> <li>- Recipients cannot seek out a vendor who sells items for a more competitive price.</li> </ul>	
	Under 14 years old.	<i>Not recommended. Those under 14 years old should not be given money to spend without adult guidance and support.</i>		

Supervised shopping (card for use in ATM, Point of Sale (PoS), voucher or online shopping)	14 years to 17 years old.	<ul style="list-style-type: none"> <li>- Provides full oversight on the spending of the recipient. There is therefore a limited risk of the recipient spending on non-essential items.</li> <li>- Provides real time support to recipients in terms of decision-making on spending, being cost efficient, and prioritising certain needs.</li> </ul>	<ul style="list-style-type: none"> <li>- Requires an individual to be identified to be responsible for follow up and receiving assistance on behalf of the child and accompanying them to access cash/items/go shopping.</li> <li>- Requires more human resources and translation capacity to ensure one-to-one support is provided to each recipient to spend assistance. This may be in the form of either accompanying CHH and/or UASC to an ATM, to the shops or through online shopping.</li> <li>- Possibility of some tensions if general population is receiving cash and CHH and/or UASC are receiving something more restricted with additional conditions.</li> <li>- Would restrict recipients from accessing certain things, limiting flexibility and choice.</li> <li>- Less dignified for the recipient to have to 'get approval' on all expenditures.</li> <li>- Requires close monitoring of the adult acting as a mentor/guardian/supervisor to ensure no extortion, coercion, or misappropriation of funds. There is a need to ensure all assistance is going to the intended recipient.</li> </ul>	
	Under 14 years old.	<ul style="list-style-type: none"> <li>- Provides full oversight on spending of the recipient. There is therefore a limited risk of the recipient spending on non-essential items.</li> <li>- Provides real time support to recipients in terms of decision-making on spending, being cost efficient, and prioritising certain needs.</li> <li>- Allows inclusion of under 14 year olds in CVA interventions as assistance is provided to a nominated authorised person to purchase on behalf of and with the child.</li> </ul>	<ul style="list-style-type: none"> <li>- Requires an individual to be identified to be responsible for follow up and receive assistance on behalf of the child and accompanying them to access cash/items/go shopping.</li> <li>- Requires more human resources and translation capacity to ensure one-to-one support is provided to each recipient to spend assistance. This may be in the form of either accompanying CHH and/or UASC to an ATM, to the shops or through online shopping.</li> <li>- Requires close monitoring of the adult acting as a mentor/guardian/supervisor to ensure no extortion, coercion, or misappropriation of funds. There is a need to ensure all assistance is going to the intended recipient.</li> </ul>	

<p>In-kind. For example provision of non-food items (NFIs), food, hygiene items, providing phones and SIM cards, etc.</p>	<p>14 to 17 year olds.</p>	<ul style="list-style-type: none"> <li>- Ensure access to basic needs if markets are not accessible or functioning.</li> </ul>	<ul style="list-style-type: none"> <li>- Limited choice and flexibility for recipients.</li> <li>- Less dignified for recipients.</li> <li>- Requires that agencies conduct separate procurement for provision of in-kind items for CHH and/ or UASC.</li> <li>- It may not be cost efficient to set up a separate delivery mechanism for assistance to a small number of recipients.</li> <li>- Possibility of tensions if the general population is receiving cash and CHH and/or UASC are receiving a different form of support.</li> <li>- May still result in risky coping strategies if required needs are not met through in-kind support.</li> </ul>	
	<p>Under 14 year olds.</p>	<p>Under 14 year olds.</p> <ul style="list-style-type: none"> <li>- Ensure access to basic needs if markets are not accessible or functioning.</li> <li>- Can be provided directly to the child if there are no alternative options.</li> </ul>	<ul style="list-style-type: none"> <li>- Requires that agencies conduct separate procurement for provision of in-kind items for CHH and/ or UASC.</li> <li>- It may not be cost efficient to set up a separate delivery mechanism for assistance to a small number of recipients.</li> </ul>	



Hasan Belal UNICEF Syria, February 2022

# ANNEX 5: MENU OF INDICATORS FOR MONITORING THE IMPACT OF CVA ON CHH AND UAC

## Risk management

- % of CVA interventions that have been preceded by a risk assessment focused on risks for children.

## CVA recipients and targeting

- # / % of CVA recipients aged 0-17 years old.
- # / % of CVA recipients who are CHH or UASC.
- # / % of multipurpose cash interventions including CHH and/or UASC as recipients.
- # of CHH and UASC who are referred to CVA for access to services.

## Human resources

- Ratio of female to male staff among FSC staff who have contact with children
- # of staff implementing CVA who demonstrate proven competencies in communicating appropriately with children.
- # and % of CVA team members who come from the affected population.
- # of staff implementing CVA who demonstrate proven behaviours and competencies in relation to child safeguarding.
- % of surveyed staff (including FSP staff) currently active in supporting CVA disbursements who demonstrate an understanding of their agency's code of conduct and child safeguarding policy.
- % of FSP staff that have signed both a code of conduct and child safeguarding policy at the time of starting to support CVA for the humanitarian response.
- % of financial service providers who demonstrate increased knowledge on how to adapt CVA for child recipients 3 months after training.
- % of staff delivering CVA interventions who demonstrate increased knowledge on how to adapt CVA for child recipients 3 months after training.
- % of financial service providers who report increased confidence in communicating sensitively with children as a result of training.
- % of staff delivering CVA interventions who report increased confidence in communicating sensitively with children as a result of training.

## Design of humanitarian response and CVA

- % of CHH or UASC receiving CVA who report feeling unsafe when collecting CVA
- % of CHH or UASC receiving CVA who report feeling unsafe when collecting CVA
- % of CVA projects with eligibility criteria that include CHH or UASC.
- % of CHH and/or UASC who have received CVA who report satisfaction with the service provision.
- # and % of humanitarian national plans and multisectoral strategies that include references to MHPSS for children.
- Humanitarian Response Plan includes CVA targeted at UASC and CHH in child protection and at least one other sector.
- % of CVA programmes that are based on an analysis of the risk and resilience factors identified by CVA and UASC in the setting.

- % of projects across all sectors using CVA that were designed based on information on CP risks in the setting.
- % of projects using CVA that were designed based on the findings of a needs assessment process that included CHH or UASC.
- % of projects using CVA that were developed in ways that seek to address the risks, needs, capacities of CHH and/or UASC.

### Programme implementation

- % of sectors whose CVA interventions response plans include elements designed to reduce CHH and UASC-related risks.
- % of programmes using CVA that demonstrate incorporating a gender-sensitive approach throughout the programme management cycle.
- % of programmes using CVA that demonstrate incorporating a child-sensitive approach throughout the programme management cycle.
- % of programmes using CVA that incorporate the principle of inclusion throughout the programme management cycle.
- % of target locations where culturally, gender-, age-sensitive group activities are accessible to CHH and UASC.
- % of CVA project-related communication materials developed with the participation of children.
- % of target locations where gender-, age-, disability- and culturally sensitive CVA is being received by CHH and UASC who are present.
- % of CHH AND UASC surveyed who report an increased sense of safety and well-being since they started to receive CVA compared to the beginning of the intervention
- % of projects using CVA that demonstrate that the views and feedback of CHH and UASC have informed the design of the group activities.

### Child protection outcomes

- # of CHH and UASC children identified in child labour who are removed from labour and consequently receive CVA.
- % of CHH or UASC identified as at-risk that receive CVA as part of a prevention support package.
- # of hours CHH or UASC are engaged in work each day.
- % of CHH and UASC removed from child labour and receiving CVA who have not returned to child labour after XX months.
- # of CHH or UASC children receiving CVA who have enrolled in school since CVA started.
- # of hours CHH or UASC attend school.
- # of CHH and UASC who are CVA recipients who are accessing case management support because they have experienced child protection incidents in the past 30 days.
- % of CHH or UASC receiving CVA that report new incidents of violence within the home in the past 30 days.
- # of CHH or UASC reporting having gotten married in the past 30 days.
- % of CHH or UASC receiving CVA who were associated with armed forces or group who remain disengaged from armed forces or armed groups 12 months after completing targeted programmes.
- % of identified CHH or UASC separated from armed forces or armed groups who receive CVA to support their recovery.
- # of CHH or UASC receiving CVA who report experiences of conflict with the law.
- % of CHH and UASC having to resort to negative coping strategies.<sup>33</sup>

### Other sector outcomes

- % of CHH and UASC who report feeling more food secure now than before they were receiving CVA
- % of [food security / livelihoods / shelter / etc.] programmes that engage in outreach activities to reach CHH and UASC with their CVA interventions.
- # and % of [food security / livelihoods / shelter / etc.] assessments that include questions specific to child protection.
- % of [food security / livelihoods / shelter / etc.] projects where CHH and UASC safety, well-being, and inclusion are reflected in the project design and monitoring and evaluation framework.
- % of unaccompanied and separated children included in and targeted by during [food security / livelihoods / shelter / etc.] CVA interventions.
- % of livelihoods projects that monitor and mitigate risks related to unintended harmful consequences of project activities through safety mapping exercises and consultations with participants.
- % of livelihoods projects that are adolescent-friendly.<sup>34</sup>

### Information management

- % of agencies and/or organisations engaged implementing CVA interventions with policies in place on confidentiality.
- % of agencies and/or organisations implementing CVA interventions with policies in place on data protection.

### Monitoring, Evaluation, and Learning

- # of CHH and UASC engaged in CVA monitoring, evaluation, and accountability processes.
- % of CVA interventions being assessed using regular child wellbeing monitoring tools.
- % of child protection issues identified by an assessment that are monitored for at least 12 months following the assessment period.
- An adapted Coping Strategies Index has been developed to include negative coping strategies that are specific to CHH and UASC in the setting.<sup>35</sup>

### Accountability mechanisms

- # of reports of child safeguarding concerns related to CVA.
- % of child safeguarding concerns reported that received an outcome following the existing protocol.
- # of incidents of risk reported when CHH or UASC receiving their CVA.
- # of incidents of risk reported when CHH or UASC spending their CVA.
- % of surveyed population in target locations that demonstrate a knowledge of how to report child protection risks associated with CVA.
- % of surveyed population in target locations that know where to refer CHH and UASC so they can access support.
- % of referral pathway posters translated into languages of the affected community.
- % of child safeguarding grievances shared by affected communities that communities report have been addressed.
- % of affected communities receiving CVA with feedback mechanism in place that share information about programme design in suitable ways with children as well as adults.
- % of communities targeted as part of CVA interventions with a functioning community-level referral system in place where children report incidents.
- # of CHH or UASC who report an incident of risk related to CVA.



- % of CHH or UASC surveyed who know where to report cases of physical or emotional maltreatment.
- % of financial service providers that have adopted a child safeguarding policy.
- % of financial service providers that require all staff to sign a child safeguarding policy following a basic training on it.
- % of households referred for livelihoods support that report a reduction in the use of risky or harmful coping mechanisms or an improved Reduced Coping Strategy Index (RCSI) score. <sup>36</sup>



Frank Dejongh UNICEF Democratic Republic of Congo, October 2020

# END NOTES

- 1 The Alliance for Child Protection in Humanitarian Action. (2019). Cash Transfer Programming and Child Protection in Humanitarian Action: Review and opportunities to strengthen the evidence. IASC,(2020) With us & for us: Working with and for Young People in Humanitarian and Protracted Crises, UNICEF and NRC for the Compact for Young People in Humanitarian Action.
- 2 Women’s Refugee Commission and Plan International (2020) [Cash and voucher assistance for adolescents: An evidence review of how cash and voucher assistance can achieve outcomes for adolescents in humanitarian settings](#)
- 3 Development initiatives (2020) Global Humanitarian Assistance Report 2020, <https://devinit.org/resources/global-humanitarian-assistance-report-2020/funding-effectiveness-and-efficiency/#downloads>
- 4 Cash Learning Partnership (2020) The State of The World’s Cash 2020: Cash and Voucher Assistance in Humanitarian Aid, <https://www.calpnetwork.org/resources/collections/state-of-the-worlds-cash-2020/>
- 5 European Civil Protection and Humanitarian Aid Operations (2019) Factsheet: Cash transfers and vouchers, [https://ec.europa.eu/echo/what/humanitarian-aid/cash-transfers-and-vouchers\\_en](https://ec.europa.eu/echo/what/humanitarian-aid/cash-transfers-and-vouchers_en)
- 6 Gordon, L. (May 2015) Risk and humanitarian cash transfer programming Background Note for the High Level Panel on Humanitarian Cash Transfers , ODI, available at: <https://www.calpnetwork.org/publication/risk-and-humanitarian-cash-transfer-programming/>
- 7 Bumbacher, S. (13 March 2019) Cash is no Riskier than Other Forms of Aid. So Why Do We Still Treat In-kind like the Safer Option?, CALP Network, available at: <https://www.calpnetwork.org/blog/cash-is-no-riskier-than-other-forms-of-aid-so-why-do-we-still-treat-in-kind-like-the-safer-option/>
- 8 Cash Learning Partnership (2020) The State of The World’s Cash 2020: Cash and Voucher Assistance in Humanitarian Aid, <https://www.calpnetwork.org/resources/collections/state-of-the-worlds-cash-2020/>
- 9 Ibid.
- 10 The Alliance for Child Protection in Humanitarian Action. (2019). Cash Transfer Programming and Child Protection in Humanitarian Action: Review and opportunities to strengthen the evidence.
- 11 Bailey, S. and Harvey, P. (2015) State of evidence on humanitarian cash transfers: Background Note for the High Level Panel on Humanitarian Cash Transfers, ODI, <https://cdn.odi.org/media/documents/9591.pdf>
- 12 The Alliance for Child Protection in Humanitarian Action. (2019). Cash Transfer Programming and Child Protection in Humanitarian Action: Review and opportunities to strengthen the evidence.
- 13 Many of these CHH and UAC are older children going through adolescence. In 2020, 91% of asylum seeking unaccompanied minors were between the ages of 14 and 18. EUROPEAN Asylum Support Office (EASO), 2020, Asylum Report 2020: 6.2 Data on unaccompanied minors, available at: <https://easo.europa.eu/asylum-report-2020/62-data-unaccompanied-minors>, accessed: 25 March 2021. In 2018, fifty-three international organisations, governmental and non-governmental agencies and groups came together to create the Compact for Young People in Humanitarian Action. The Compact for Young People in Humanitarian Action, 2018, [www.youthcompact.org/about](http://www.youthcompact.org/about). “Young people” are considered to be all those 10–24 years old. (IASC, With us & for us: Working with and for Young People in Humanitarian and Protracted Crises, UNICEF and NRC for the Compact for Young People in Humanitarian Action, 2020.) Thus it is an age group that includes adolescents but stretches beyond this into youth.
- 14 UN General Assembly, Convention on the Rights of the Child, 20 November 1989, United Nations, Treaty Series, vol. 1577, p. 3, available at: <https://www.refworld.org/docid/3ae6b38f0.html> [accessed 24 March 2021]
- 15 UN Committee on the Rights of the Child (CRC), General comment No. 14 (2013) on the right of the child to have his or her best interests taken as a primary consideration (art. 3, para. 1), 29 May 2013, CRC /C/GC/14, available at: <https://www.refworld.org/docid/51a84b5e4.html> [accessed 24 March 2021]

- 16 UN General Assembly, Convention on the Rights of the Child, 20 November 1989, United Nations, Treaty Series, vol. 1577, p. 3, available at: <https://www.refworld.org/docid/3ae6b38f0.html> [accessed 24 March 2021]
- 17 The Alliance for Child Protection in Humanitarian Action, 2019, Minimum Standards for Child Protection in Humanitarian Action, available at: [https://alliancecpha.org/en/CPMS\\_home](https://alliancecpha.org/en/CPMS_home)
- 18 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](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](https://www.who.int/gender/documents/OMS_Ethics&Safety10Aug07.pdf)
- 19 For confidentiality and safety reasons you should not share lists of names of all CHH and UAC, but rather cross check CVA recipient lists for the names of known CHH and UAC. Where individuals are missing, add these names to the lists.
- 20 Guidance on establishing foster care and group care is given in The Interagency Working Group on Unaccompanied and Separated Children (2013) Alternative Care in Emergencies Toolkit, <HTTPS://RESOURCECENTRE.SAVETHECHILDREN.NET/LIBRARY/INTERAGENCY-WORKING-GROUP-UNACCOMPANIED-AND-SEPARATED-CHILDREN-2013-ALTERNATIVE-CARE>
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# Cash and Voucher Assistance and Child Protection in Humanitarian Action:

Guidance Note on Cash and Voucher Assistance for Child-headed households (CHH) and Unaccompanied Children (UAC)



**THE ALLIANCE**  
FOR CHILD PROTECTION  
IN HUMANITARIAN ACTION