

# Cash and Voucher Assistance and Child Protection for Adolescents: A Monitoring and Evaluation Toolkit



THE ALLIANCE  
FOR CHILD PROTECTION  
IN HUMANITARIAN ACTION

Field testing version

## TOOL 2.8b

Baseline for Adolescent Recipients of Cash  
and Voucher Assistance





Sweden  
Sverige

The development of this material has been financed by the Government of Sweden. Responsibility for the content lies entirely with the creator. Sida does not necessarily share the expressed views and interpretations.



# Contents

<b>A</b>	<b>Enumerator information</b>	<b>4</b>
<b>B</b>	<b>Informed consent</b>	<b>4</b>
<b>C</b>	<b>Respondent information</b>	<b>5</b>
<b>D</b>	<b>Fraud and safeguarding</b>	<b>6</b>
<b>E</b>	<b>Initial situation on main CP outcomes</b>	<b>6</b>
	Risk 1 - Emotional and physical wellbeing	6
	Risk 2 - School dropout	7
	Risk 3 - Child labour	7
	Risk 4 - Family separation	8
<b>F</b>	<b>Optional modules for expanded PDMS</b>	<b>9</b>
	Sub-Module 1 - Economic security	9
	Sub-Module 2 - Basic needs	9
	Sub-Module 3 - Food security & livelihoods	9
	Simplified Food Consumption Score (FCS)	9
	Simplified Reduced Coping Strategies Index (rCSI)	9
	Simplified Household Hunger Scale (HHS)	9
<b>G</b>	<b>Closing</b>	<b>10</b>

## Module A – Enumerator information

Q_A.1 Please enter your enumerator name or ID	
Q_A.2 Geographic information	Country / region / city / town

## Module B – Informed consent

**Hint: Use simple language / anonymity of questionnaire depends on programmatic needs.**

Hello. I am *[insert name]*. Today I am here on behalf of *[insert name of your agency]* to learn about how to improve our programmes. We want you to help us to understand how cash and voucher assistance (CVA) can be as safe and effective as possible for you and other children”

You have been invited to participate in the *[current CVA]* Programme. As part of this programme, people in your age range will be receiving CVA and we would like to ask you some questions today, before the programme starts.

Your opinion and feelings are very important to us, as the information will help us to improve the programme. Please ask me to explain a question again if you do not understand it. Nothing you tell us will affect or change the amount of CVA your family or anyone else’s family gets in the future. We will only use what you tell us to make sure the way you get the CVA is as safe as possible.

*Confidentiality, best interests and mandatory reporting:* While I may share what you have told me so that we can make our work better, I will not tell anyone WHO told me these things or include things that are personal to you, like your name and where you live. As I am talking to lots of people, no one should be able to work out who told me what or who gave what information.

If you tell me that you or another child is unsafe, or may become unsafe soon, I will have to tell *[relevant service provider and/or protection authority]*, so we can get help and so we can find ways to stop you or other children from being unsafe again. *(Note for the interviewer: Explain to the child the situations in which you have to refer/report the case).*

*Referral:* Depending on your needs, there is another person or agency that can provide you with the support you need, and I will need your permission to share your information with them.

Let me know if you have any questions about this. *(Note: Pause to answer any respondent questions).*

If you decide at any point that you don’t want to participate, that is not a problem. We can stop at any time. Your answers or choosing to not participate will not impact the assistance you receive. Are we okay to continue?

Thank you so much for helping with answering this questionnaire.

Do you have any questions?

<p><b>Q_B.1 Please can you say back to me what we have just talked about so that I know you have heard and understood why we are meeting today and how we will keep your information private?</b></p> <p><b>Now that we understand each other, are you happy for us to begin the questions?</b></p>	<p><b>Consent</b></p>
---	-----------------------

## Module C – Respondent information

**Hint: in this meeting you can tell me about your life and the lives of other children who live at home with you. To help me understand who you are talking about, I will ask you a few questions about you and them. Note: any person under the age of 18 is seen as a child.**

Q_C.1 How old are you?		Integer	
Q_C.2 Do you identify as a boy, girl, or other?		TBC with specialists; and be adapted to context and if it is safe for the child.	
Q_C.3 Who is the head of your household? Hint: A head of household is the person responsible for decision-making and running the household, and providing and caring for the others within the household.		Mother, father, aunt, elder sibling, younger sibling, me, etc.	
Q_C.3.1 Is this person under 18?		Yes / no / don't know	
Q_C.4 How many people are you living with in total?		Integer	
Q_C.5 Can you tell me the age and gender of every child living in your home? ( <i>Note: any person under the age of 18 is seen as a child</i> ).			
	Age (0-17)	Gender (girl, boy, other, rather not say)	Biological sibling / foster child (related) / foster child (not related)
Child 1			
Child 2			
Child 3			
Child 4			
Q_C.6 The next few questions ask about any difficulties you might have doing certain activities, so that we can better help you in future programmes.			
Q_C.6.1 Do you have difficulty seeing, even if wearing glasses?		No difficulty	
Q_C.6.2 Do you have difficulty hearing, even if using a hearing aid?		Yes, some difficulty	
Q_C.6.3 Do you experience difficulty walking or climbing steps?		Yes, a lot of difficulty	
Q_C.6.4 Using your usual language, do you have difficulty communicating, for example understanding or being understood?		Cannot do at all Refused to answer	
Q_C.6.5 Do you have difficulty remembering or concentrating?		Don't know	
Q_C.6.6 Do you have difficulty with self-care such as washing all over or dressing?			

## Module D – Fraud and safeguarding

Q_D.1 Did anyone ask you or someone you know to provide a fee, gift, tip, service, favour, or unsafe action in order to get on the participant list, or to receive any [ <i>organisation name</i> ] goods or services?	Yes / no
<b>Q_D.1.1 (If yes) If you feel comfortable sharing, what type of fee, gift, tip, favour, service, or unsafe situation? And at what point in the program was this requested?</b>	Text
<b>Q_D.1.2 (If appropriate for the context) Who asked for the fee, gift, tip, favour, or service?</b>	Staff Financial service provider staff Community selection committee representative (List any others as applicable) I don't know
<b>Q_D.1.2.1 If other, please specify.</b>	text
Q_D.1.3 Thank you for disclosing this information to me. Would you like me to explain how you can report this incident, or how you can receive any additional help? <b>► Please follow the “Sensitive Question Guidance and Urgent Action Procedures” given in the associated quick guide if any disclosures are made.</b>	Note

## Module E – Initial situation on main CP outcomes

We will now ask some questions to try to understand your general wellbeing. We will try to understand what services YOU are able to access and what risks YOU may be facing, to understand how the distribution of CVA will / may affect your life in the future.

Note : Some of the question below have a 1-5 smiley faces, with the following meaning:

1. Completely disagree
2. Slightly disagree
3. No opinion / indifferent
4. Slightly agree
5. Completely agree

### Risk 1 - Emotional and physical wellbeing

Q_E.1.1 I feel happy about myself	1-5 smiley faces
Q_E.1.2 I generally feel safe in my community / where I live	1-5 smiley faces
Q_E.1.3 My relationships with other children I'm living with are good	1-5 smiley faces
Q_E.1.3.1 If no (negative smiley faces), follow-up question; can you tell us a bit more about this?	Protection specialists to input on how to orient this discussion (if appropriate in the post-distribution monitoring (PDM))
Q_E.1.4 My relationships with adults I'm living with are good	1-5 smiley faces
Q_E.1.4.1 If no (negative smiley faces), follow-up question; can you tell us a bit more about this?	Protection specialists to input on how to orient this discussion (if appropriate in the PDM)
Q_E.1.5 I feel worried and anxious	1-5 smiley faces
Q_E.1.6 I find that people within the household where I sleep fight and have arguments	Never / sometimes / often / all the time



## Risk 2 - School dropout

Q_E.2 Are you currently enrolled into a school?	Yes / no
Q_J.2.1.1 If no, why not?	It is too expensive / It is too far away / I'm not interested / I need to help my parents at work / I need to take care of family of relatives / my parents don't want me to / it's too dangerous / I need to work)
Q_J.2.1.2 If yes, did you regularly attend school in the last 30 days?"	Yes – attended every day school was in session Yes – attended most days, only missed 2-3 days over the 30 days No – missing 2-3 days per week No – only been able to attend 1-2 days this month No – did not attend at all
Q_J.2.1.2.a If no, why have you had to miss school ?	It is too expensive and I can't afford it / the school was closed / I was sick / It is too far away / i'm not interested in going to school / I need to help my parents at work / I need to take care of family of relatives / my parents don't want / it's too dangerous / I need to work

## Risk 3 - Child labour

The next set of questions is about child labour. Child labour can include activities inside or outside the home, it can include activities that generate an income/get paid for with money, or activities that are not financially compensated. Labour can include begging, and activities to help the family – such as selling goods, cooking, cleaning, agricultural work, watching livestock, etc.

Q_E.3.1 Is it common in your community for adolescents of your age to work in order to help their HH?	Yes / no
Q_E.3.2 What about you? In the last month have you worked ?	Yes / no
Q_E.3.2.1 If yes (to Q_E.3.2), what type of work is it?	Usual work categories to define with country context in mind, including begging if its an usual income-generating activity
Q_E.3.2.2: If yes, roughly how many hours a week are you working? [Use the descriptors in brackets if you need to help children to recount how many hours they are working]. ”	1-5 hours per week (a half day a week or an hour or less a day) 6-13 hours per week (a full day a week or an hour or two each day) 14-20 hours per week (two to three days a week or 2-3 hours each day) 21-30 hours per week (three to four days a week) 30-42 hours per week (five days a week) 43 + hours per week (six or more days per week)
Q_E.3.2.3 If yes, do you receive any money for this work?	Yes / no
Q_E.3.2.3.a If yes, how much per month / week	Integer

## Risk 4 - Family separation

The next set of questions is about child AND family separation.

A child is separated when they are under 18 years old and no longer living with either of their parents or any previous legal or customary primary caregivers. It is possible they are living with other relatives, family friends, or members of the community. We are asking about children who have changed the place they live on a long-term or permanent basis. We are not thinking about children who have gone away briefly, for only a few days or weeks. We also are not asking about children who go away at the same time each year and then come back again (for example, to harvest fields or to take livestock to a different location).

Q_J.4.1 Do you have the same number of people living in your home on a permanent basis now compared to 30 days ago?	Yes / no
Q_J.4.1.1 If yes, did the cash/voucher support help to keep all of the same people living at home ?	Yes / no
Q_J.4.1.1.a if yes, how so?	text
Q_J.4.1.2 If no, are there more or fewer people living in your household permanently now	More / fewer
Q_J.4.1.2.a If there now FEWER people living in your household permanently, who is it to you (what is your relationship)?	Possible answers: MYSELF, biological child / foster child (related) / foster child (not related) biological parents / caregivers / foster parents biological brother / sisters / grand parents/ uncles / aunts cousins / friends / husband / wife / in-laws
Q_J.4.1.2.b Are they adults or children	Adults / children
Q_J.4.1.2.c Why did the person / people leave?	Child(ren) left because the household could not afford to take care of them anymore. Child(ren) left your household because they got married. Child(ren) left your household because they went to work. Child(ren) left your household because they went to access education elsewhere. Child(ren) left your household to access healthcare. Child(ren) left your household to be safer elsewhere. Other, please specify.
<b>Q_J.4.1.2.c Do you want to tell us more about why these children left permanently?</b>	Free form answer
Q_J.4.1.2.a If there are now MORE people living with you permanently, what is their relationship to you?	Possible answers: MYSELF, biological child / foster child (related) / foster child (not related) Biological parents / caregivers / foster parents biological brother / sisters / grand parents / uncles / aunts cousins / friends / husband / wife / in-laws
Q_J.4.1.2.b What is his / her / their age?	Integer
Q_J.4.1.2.c Why?	Children previously living away were able to return home because of the cash/voucher support. Child(ren) married someone in your household. Child(ren) came to work in your home. Other, please specify.



## F – Optional modules for expanded PDMS

We will now ask some questions to try to understand your general wellbeing. We will try to understand what services YOU are able to access and what risks YOU may be facing, to understand how the distribution of CVA will / may affect your life in the future.

### Sub-Module 1 – Economic security

Q_F.1.1 What is your main source of income?	Salary / parents / relatives / friends / credit / other
Q_F.1.2 Is lack of money a source of stress for you?	1-5 Smiley faces
Q_F.1.3 Are you able to save a bit of money every week	Yes / No
Q_F.1.4 Do you owe any money to anybody?	Yes / No
Q_F.1.4.1 If yes, how much?	
Q_F.1.4.2 If yes, to whom?	Friends / family / shopkeeper / money lender / bank

### Sub-Module 2 - Basic needs

Q_F.2.1 I have a comfortable place to sleep each night	1-5 smiley faces
Q_F.2.2 When I go to sleep, I feel safe	1-5 smiley faces
Q_F.2.3 I have access to clean water for drinking and bathing	1-5 smiley faces
Q_F.2.4 I have access to the sanitary and hygiene products that I need, such as soap or menstrual hygiene products	1-5 smiley faces
Q_F.2.5 When I feel sick, I have access to doctors / nurses and medicine to make me feel better	1-5 smiley faces

### Sub-Module 3 - Food security & livelihoods

#### Simplified Food Consumption Score (FCS)

Q_F.3.a.1 I eat cereals and tubers (such as maize, maize porridge, rice, sorghum, millet, pasta, bread and other cereals, cassava/yucca, potato, sweet potato, or plantains)	Every day or almost every day / sometimes (once a week) / never or almost never
Q_F.3.a.2 I eat proteins, such as legumes and nuts (such as beans, peas, groundnuts or cashew nuts) or eggs or meat (such as beef, goat, poultry, pork, sheep, or fish)	
Q_F.3.a.3 I eat fruits and vegetables and leaves	

#### Simplified Reduced Coping Strategies Index (rCSI)

Q_F.3.b.1 I eat 3 meals per day	Every day or almost every day / sometimes (once a week) / never or almost never
Q_F.3.b.2 I eat the quantity of food until I am no longer hungry (portion size)	

#### Simplified Household Hunger Scale (HHS)

Q_F.3.c.1 When I was hungry, I was not able to get food. How often did that happen over the past month?	Everyday or almost everyday / sometimes (once a week) / never or almost never
Q_F.3.c.2 I went to sleep hungry because there was not enough food. How often did that happen over the past month?	
Q_F.3.c.3 I spent a whole day and night without eating anything at all because there was no food. How often did that happen over the past month?	

## E – Closing

**“Thank you for your time. Your answers will help improve the services and support you and others get and keep those who get them as safe as possible.**

**Is there anything else you wish to talk to me about? (*Discuss*)**

**Do you have any final questions?**

**Your responses will be kept private as we talked about at the start.**

**If you have any worries that you want to talk about after this meeting, or if there are any problems with the way we talked to you, you may contact the following person:**

**[ *Name, Organisation, Telephone number, E-mail address* ] (*given on a card*)**

**Thank you and good-bye.”**



