

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 2.9

Post-Distribution Monitoring for Adolescent
Recipients of Cash and Voucher Assistance



Sweden
Sverige

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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

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 have been receiving CVA and we would like to ask you some questions today about your overall experience and the way it has impacted your life and wellbeing.

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 you or anyone else 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. 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>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?</p> <p>Now that we understand each other, are you happy for us to begin the questions?</p>	Consent
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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 – Distribution monitoring

Now we would like to ask you a few questions to better understand what you think about the way that you received your money	note
Q_D.1 How many times have you received CVA from [<i>organisation name</i>]?	integer
Q_D.2 How much CVA in [<i>local currency</i>] did you receive from [<i>organisation name</i>] in the last distribution?	integer
Q_D.3 Was the amount you received equal to, less than, or more than the amount you were told you would receive?	Equal / less than expected / more than expected
Q_D.4 Was it difficult to access your CVA for any reason?	Yes / no
Q_D.4.1 If yes, please explain why it was difficult to access your CVA.	text
Q_D.5 Are the options [<i>service provider</i>] uses such as [<i>list feasible delivery mechanisms</i>] safe and easy for you to use?	Yes / no
Q_D.6 Would you prefer to receive CVA in a different way in the future?	Yes / no
Q_D.6.1 If yes, how?	text
Q_D.7 Would it be better if you received the CVA in someone else’s name in the future?	Yes / no
Q_D.7.1 If yes, why?	It will reduce tension in the household / so it can go to family expenditure / so I am not at increased risk, etc.
Q_D.8 OVERALL, were you satisfied with the distribution process ?	1-5 smiley faces



Module E – Safety of distribution

Q_E.1 Did you feel safe at all times travelling to and from your place to receive the assistance, while receiving the assistance, and upon return to your place?	Yes / no
Q_E.1.1 If no – at which moment precisely?	Travelling to the place / receiving the assistance / going back to my place
Q_E.1.2 What could our organisation have done to make you feel safer ?	text
Q_E.2 After the distribution, were there any risks of harm to you or anyone living with you because you received the CVA?	Yes / no
Q_E.2.1 If yes - If you are comfortable doing so, could you tell me in general terms what happened. If you would prefer, I can refer you to child protection colleagues who could discuss this further with you. You do not have to tell me if you would prefer not to.	
Q_E.3 Did you hear of anyone else experiencing an unsafe situation or violence as a result of receiving the last CVA distribution, either during the distribution or afterwards?	Yes / no
Q_E.3.1 If yes - If you are comfortable doing so, could you tell me in general terms what happened. If you would prefer, I can refer you to child protection colleagues who could discuss this further with you. You do not have to tell me if you would prefer not to.	
Q_E.3.1.1 If yes (to Q_E.3.1) What is the best and safest way to contact you?	text
Q_E.4 Did you have a safe place to keep your cash / voucher before you spent it?	Yes / no
Q_E.5 Has this programme caused tensions or problems within your community? (e.g. Recipient vs non-recipient; school-going vs. out-of-school children; host communities, followers of other political parties, IDPs / refugees, husband/wives, within family, etc.)?	Yes / no
Q_E.5.1 If yes, and if you feel comfortable sharing, please tell me what types of problems it has caused.	text

Module F – Fraud and safeguarding

Q_F.1 Do you know anyone in the community who was registered for the distribution, but did not receive it?	Yes / no
Q_F.2 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
Q_F.2.1 (If yes) If you feel comfortable sharing, what type of fee, gift, tip, favour, service, or unsafe situation? And at what point in the programme was this requested?	text
Q_F.2.2 (If appropriate for the context) Who asked for the fee, gift, tip, favour, or service?	Staff Financial Service Provider staff Community selection committee representative [List any others as applicable] I don't know
Q_F.2.3 If other, please specify.	text
Q_F.2.4 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? ► <i>Please follow the “Sensitive Question Guidance and Urgent Action Procedures” given in the associated quick guide if any disclosures are made.</i>	Note

Module G – Feedback and response mechanisms

Q_G.1 If you feel unhappy or want to share your opinion with the organisation, do you know how to do it?	Yes / no
Q_G.2 What feedback mechanisms do you know about?	text
Q_G.3 Our programme has the following feedback and response mechanisms in place (<i>Enumerator note: Please read list of mechanisms in place.</i>) If you had feedback or a concern, which of these mechanisms would you feel most comfortable using?	Choose whatever is available in country from this list: face-to-face, feedback desks, hotlines, complaints boxes, phone, SMS, email, website, meetings, radio call-in, community reference groups

Module H – Participation and satisfaction

Q_H.1 Did [organisation name] provide you with all the information you needed about this CVA?	
Q_H.2 What could [organisation name] have done to better inform you about the assistance or distribution?	
Q_H.3 Do you have any further comments or questions about [organisation name]'s programming?	

Module I – Household / adolescent utilisation of CVA

Q_I_1 After you received the CVA, were you the one to decide how to spend it, or did someone else?		Yes / partly / no
Q_I_1.1 If someone else decided how it should be spent, who was that?		Spouse / father / mother / foster parents / friends / other relative / siblings / other
Q_I_1.2 Do you feel comfortable with this?		Yes / no
<i>If no; refer to either the child protection team or child protection actor to follow up</i>		
Q_I_2 Which members of the household do you think benefitted the most from the purchases made with the CVA?		Myself / spouse / brothers / sisters, child / children / friends / others
Q_I_3 What was bought or paid for with the CVA received? (TOP THREE)	Drop down list; pick three amongst usual expenditure categories: Food & drink Rent Utilities and basic HH needs Clothes	Mobile phones Healthcare Education Transportation Debt repayment Investment in productive assets Shelter maintenance Hygiene items If other, please specify.
Q_I_4 What have you been able to do with the money that you normally can't afford?		pick ONE amongst usual expenditure categories above / nothing
Q_I_5 Now that you have received this money, are there still some important things that you would like to pay for and that you're not able to afford?		Yes / no
Q_I_5.1 If Yes, what are those things?		pick ONE

Module J – Impact of CVA on CP outcomes

We will now ask some questions to try to understand the impact of CVA on your 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 has affected your life

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_J.1.1 Since I received the CVA, I generally feel happy about myself.	1-5 smiley faces
Q_J.1.2 Since I received the CVA, I generally feel safe in my community / where I live	1-5 smiley faces
Q_J.1.3 Since I received the CVA, my relationship with other children I'm living with has changed	Yes / no
Q_J.1.3.1 Would you say that this relationship has improved since receiving CVA?	1-5 smiley faces
Q_J.1.4 Since I received the CVA, my relationship with adults I'm living with has changed	Yes / no
Q_J.1.4.1 If no (negative smiley faces); 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_J.1.5 Since I received the CVA, I feel worried and anxious	1-5 smiley faces
Q_J.1.6 Since I received the CVA; I find that people within the household where I sleep fight / have arguments	1-5 smiley faces



Risk 2 - School dropout	
Q_J.2.1 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 / the school won't allow me to enroll / I need to work
Q_J.2.2 Overall, do you think that receiving CVA has helped you regarding education in general?	Yes / no
Q_J.2.2.1 If yes, how so?	Pay school fees / buy school supplies / buy school uniforms / reduce the time I had to spend working / reduce the time doing HH chores.

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_J.3.1 Is it common in your community for adolescents of your age to work in order to help their HH?	Yes / no
Q_J.3.2 What about you? In the last month have you worked?	Yes / no
Q_J.3.2.1.a If yes (to J.3.2), what type of work was it?	Usual work categories to define with country context in mind, including begging if its an usual income-generating activity
Q_E.3.2.1.b: If yes, roughly how many hours a week were you working? (<i>Use the descriptors in brackets if you need to help children to recount how many hours they are working</i>).	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_J.3.2.2.c Were you receiving any money for this work?	Yes / no
Q_J.3.2.2.c.1 If yes, how much per month / OR week	integer
Q_J.3.2.2.d if yes (to J.3.2.2); Is it the CVA that you received that enabled you to stop working?	Yes / no
Q_J.3.2.2.d.1 if yes, how so?	text

Risk 4 - Family separation	
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, what is your relationship to this HH member(s)?	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.
Q_J.4.1.2.c Do you want to tell us more about why these children left permanently?	Free form answer

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.4.1.2.a If there are now MORE people living with you permanently, what is your relationship with this / these HH member(s)?	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.b Are they adults or children	Adults / children
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.



K – Optional modules for expanded PDMS

Sub-Module 1 – Economic security

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

Sub-Module 2 - Basic needs

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

Sub-Module 3 - Food security & livelihoods

Simplified Food Consumption Score (FCS)

Q_K.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_K.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_K.3.a.3 I eat fruits and vegetables and leaves	

Simplified Reduced Coping Strategies Index (rCSI)

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

Simplified Household Hunger Scale (HHS)

Q_K.3.c.1 When I was hungry, I was not able to get food. How often did that happen over the past month?	Every day or almost every day / sometimes (once a week) / never or almost never
Q_K.3.c.2 I went to sleep hungry because there was not enough food. How often did that happen over the past month?	
Q_K.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?	

L – 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.”



