**Unanswered questions from webinar – Street Child**

1. **Can you please share some information on the Uganda piloting?**

At the moment the plan is to implement in Kampala, Lyantonde, and Masindi.

Kampala will be a standalone IGA for 75 Congolese refugee families; Lyantonde (numbers TBC) will be for families that have been enrolled on inherited partner funded scholarships, to transition them away from fully funded scholarships and create sustainability; Masindi (numbers TBC) will work for rural communities. We are considering implementing in Kyaka II refugee settlement targeting refugees and host communities. The plan is on 12 week cycle with a grant of $150 for all caregivers and then for each additional child they receive another $10 up to a max of $200. And then in addition to this, there will be a matching grant of $50 if they have successfully saved each week.

1. **Can you tell us the average caseload per worker? And how do you distinguish between high, medium and low risks cases?**

Case workers caseload for child protection case management is in general 1 to 25 case files, depending on the severity of the cases. While in terms of livelihood, generally one livelihood case worker oversee 20 beneficiaries and their businesses.

In terms of categorizing the vulnerability of the households, we presented the criteria of the matrix to calculate the severity that looks at the kind of household head (women headed, child headed above all), source of income (if any, and saving capacity), number of children and their protection concerns (OOS, UASC, GBV, CAAG, CWD for instance), nutrition status.

While in terms of case management, the prioritization of cases is aligned with CPMS:

For high risk - Child needs urgent medical attention, is likely to be seriously harmed or injured, or subjected to immediate and on-going sexual abuse, or be permanently disabled, trafficked or die if left in his/ her present circumstances without protective intervention.

For medium risk - A child is likely to suffer some degree of harm without  
an effective protective intervention plan. Intervention is warranted. However, there is no evidence that the child is at risk of imminent serious injury

For low risk - The home is safe for children. However, there are concerns about the potential for a child to be at risk if services are not provided to prevent the need for protective intervention.

1. **Just as a follow up - I am thinking beyond PSS. One of our big constraints is that we are having to do rapid horizontal expansion of cash caseloads, to populations that we have not worked with before, and having to be very creative around the ways that we find families and ensure that we minimize exclusion risks. Have you found creative ways to identify additional families that are struggling with child protection issues and then how do you bring them on board?**

Cash intervention used with our IGA is targeting at responding to CP issues (as addressing the needs of UASC) or preventing CP risks (like coming from being out of schools, live within a vulnerable household). Thus, it is important to definitely reduce risks of exclusion (and I would add also of doing harm by targeting only specific group of children).

This is why, in general we have several entry point for identification: firstly, case workers; secondly community coalitions (either a formed Community Based Child protection Committee, the School Based management Committee, existing coalitions of community leaders) who can also identify and refers household that will require such support (validation is still needed to ensure it is in line with vulnerability criteria). To have such participation from community members it is important we provide training or orientation to raise awareness about child protection needs and risks, so that it is easier to identify those who could need more.

1. **What modality is used; unconditional vouchers or conditional vouchers or direct cash transfer? How do we ensure that the caregivers do not use the cash for their own personal needs that do not address needs of the child?**

We provide cash, disbursing the grant needed for the business set up or business strengthening after the training.

The cash is unrestricted and unconditional in theory, in practice I would say it is softly conditional. For instance, the beneficiary would have already received the cash, even if we discovered later that the child is still out of school (if that is the condition). We aim more to promote behavioral changes through advocacy and awareness, with the work of CP team and livelihood case workers to continuously monitor and mentor the business and the household.

To ensure also dignity, the cash is unrestricted, so ideally the beneficiary spend the grant in what is needed for the business. We do not prevent them to also spend in something else but advise them to be business oriented to ensure sustainable profit.

We see beneficiaries that out of $75 (for instance), decide to spend 50% in business and 50% in food.

Some evidence from our intervention with WFP (who was distributing cash for food to 600 out 700 beneficiaries) showed that additional support (as food or additional cash) is received along the line, their capacity to save increase.