**Webinar - Questions for Q&A:**

* **Hello, could you share references for the child's basic needs index, please? and also resilience index, thanks!** (Answered)
* Nyangara, F; Nyberg, B; Murphy, R; O’Donnell, K. (2008) Child Status Index Made Easy. MEASURE Evaluation, Carolina Population Center. North Carolina, USA.
* Global Communities. (n.d.) Household Resiliency Index. USAID.
* **How is child resilience defined?**
* Under this project, “child resilience” includes child well-being, quality of alternative care, quality of reunification, prevention of separation, and is measured with the following tools:
* child well-being using Child status index (higher scores indicate less vulnerability);
* socio-emotional status of children via HSCL-10 for children aged 10+ (anxiety, depression assessment; higher scores indicate more vulnerability) and SDQ to be asked to caregivers for children aged 4-9 (5 questions, higher scores indicate higher levels of emotional problems), complemented by life-skills (adapted Ansell-Casey Life Skills module) for older age cohorts;
* Proxy measures for knowledge and use of positive parenting practices: adapted (shortened) MICS Child discipline module asked to caregivers and children for triangulation; AVSI Attitudes on Child Protection Scale adapted to reflect the curriculum;
* Basic demographic questions about the child and family.
* **Layal, I was wondering which findings from the report ones surprised you?** (Answered)
* **Have there been any form of protection challenges due to the CCT provided to beneficiaries?**
* To date, we have not faced protection challenges linked to CCT: child protection services (i.e. case management, psychosocial support, and parenting), strong monitoring and conditionality work as efficient safeguarding mechanisms. In addition, CCT have been distributed to caregivers and case workers have closely followed-up children and families.
* In terms now of protection challenges due to the distribution itself, there is no case to date. We have put in place precautionary measures: the cash distribution is outsourced to a service provider that relies on specific security clearance; sensitization includes clear explanations on who will receive cash, why, when and how much and how frequently; then, there is a detailed PDM questionnaire including complaint mechanism regarding protection.
* **Did you face any challenges with arising tensions in the communities where you do cash programming (between families who receive cash and those who don't)?** (Answered)
* **We would like to understand how the number of Cash Transfers rounds (3) have been decided and how does the project plan to sustain the achieved outcomes beyond the 3 months covered by the cash transfers** (Answered)
* **What kind of delivery mechanism has been adopted for this project? (Answered)**
* **Do you have any examples in verification practices of those household receiving CT? I believe periodical monitoring is needed household by household to follow financial status of the recipients especially when the programme lasts for several years...?**
* Detailed PDM questionnaires are administered after each distribution; we also aim at implementing a beck-checking protocol to go back to a random sample of families and make sure that the cash that was received matches the PDM questionnaire; such protocol is still work in progress.
* Regarding CT effects, it is important to note that the first distribution took place in March 2019 and the total duration of the project is 18 months.
* **Sorry if you already discussed this, but can I ask if foster families receive the remaining cash rounds if the child is reunified? (reunified prior to the last installment)**
* So far, this case in uncommon. But according to the protocol set-up by the project team and the CPiE specialist, the remaining cash will be distributed as it is part of the communication the case-workers have with their families; they explain before the placement the full package of services that the project will cover. It is also important to note that the project aims at benefitting all the other children in the household; hence even when reunification happens within the 3 months, the foster families will continue to receive the package of services.
* **What mechanisms to you have in place to mitigate unintended protection issues (e.g. violence against recipients) that arise as a result of them receiving the cash transfer?**

**(Answered above)**

* **What kind of monitoring mechanism should be adopted for this cash transfer programming?**
* For this project, we implement several channels for monitoring both protection aspects of the programme and cash provision:
* Bimonthly visit from caseworkers to monitor quality of care, and longitudinal data collection along case-management at child level with assessment of child well-being and resilience;
* Close monitoring of attendance to parenting sessions;
* Pre / post placement assessment of knowledge and use of positive parenting practices at household level;
* Post-distribution monitoring of cash distributed as described above.
* **What did you decide to do if the parents did not meet the conditions (Parenting sessions) to get the cash? Would the child stay with the family after the cash is stopped? Would it be the same consequence for the foster family and the biological one? (sorry the three questions together)**
1. Based on CPMS and CAR national legal framework, protocols set-up by the child protection sub-cluster, i.e. the contextualized inter-agency case-management tools, the project follows the following protocol regarding conditionality of cash and CPiE standards: If caregivers do not meet conditions, i.e. attending parenting sessions, but also a set of conditions (e.g. schooling, respect of gender equality, use of positive parenting practices) priority is given to assessing the reasons why with the family and children and find a solution. If necessary, mediation is done with the family. The core idea of the project is to protect children and support families and if there are difficulties in meeting certain conditions, a strong support is provided by case workers.
2. The distribution of cash every month for 3 months matches the types of placement in CAR: the project provides a short placement (0-3 months). So the moment cash is stopped corresponds to the end of the short placement, hence is out of the focus of this project. Indeed, alternative long-term care (incl. adoption) is not a focus within this project. In a nutshell, the child could stay with the foster care after the 3 months hence after cash transfer, only this case would be referred to another placement strategy in collaboration with the Ministry of Social Affairs;
3. We do apply the same principles for foster care and reunified families; so far, family tracing is still ongoing and we have only few cases of reunification.
* **What was the condition for participation in the parenting sessions - to participate at least 80% of sessions? was it linked to any child outcomes as well? or specific to participation?** (Answered)
* **Does this program apply specifically to emergency settings? or is it also applicable to non-emergency settings?**
* The project is specifically designed for an emergency setting.