

CASH AND PROTECTION IN THE UKRAINE RESPONSE



LEARNING
REPORT
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Global Protection Cluster

Task Team on Cash for Protection
Regional Ukraine Response



Collaborative Cash Delivery



Save the Children

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LIST OF ACRONYMS

A&A	Assess and Assist	MEAL	Monitoring, Evaluation, Accountability and Learning
AOR	Area of Responsibility	MEB	Minimum Expenditure Basket
C4P	Cash for Protection	MPSS	Mental Health and Psychosocial Support
C4PTF	Cash for Protection Task Force	MPCA	Multipurpose Cash Assistance
C4PTT	Cash for Protection Task Team	NGCA	Non-Governmental-Controlled Areas
CCD	Collaborative Cash Delivery	NGO	Non-Governmental organisation
CP	Child Protection	PDM	Post-Distribution Monitoring
CVA	Cash and Voucher Assistance	PLW	Pregnant and Lactating Women
CWG	Cash Working Group	PSS	Psychosocial Support
DCA	Danish Church Aid	SCLR	Survivor and Community-Led Response
ECMF	Emergency Case Management Fund	SEA	Sexual Exploitation and Abuse
FSP	Financial Service Providers	SOP	Standard Operating Procedures
GPC	Global Protection Cluster	SC	Save the Children
GBV	Gender-Based Violence	SP	Social Protection
HMA	Humanitarian Mine Action	SRH	Sexual and Reproductive Health
INGO	International Non-Governmental Organisation	UHF	Ukraine Humanitarian Fund
IPA	Individual Protection Assistance	UN	United Nations
IRC	International Rescue Committee	UNFPA	United Nations Population Fund
KII	Key Informant Interviews	UNICEF	United Nations Children's Fund

EXECUTIVE SUMMARY

● INTRODUCTION AND BACKGROUND

The February 2022 crisis escalation in Ukraine led to an unprecedented emergency in Europe. Recognising the need for Cash for Protection (C4P) interventions in the large-scale Ukraine response, and aware of the technical challenges in operationalising C4P, the Task Team on C4P (under the Global Protection Cluster) established a temporary task force, the Ukraine Regional Cash for Protection Task Force (C4PTF), exclusively dedicated to the Ukraine situation. As the response unfolded, an increasing number of agencies began considering C4P implementation. The Task Force provides direct support to these agencies and Protection Clusters. This includes ensuring that technical support would ultimately be led and owned at the national level.

This learning report stems from bilateral discussions with the [Collaborative Cash Delivery \(CCD\) Network's](#)

members in Ukraine and Poland, many of whom were on the cusp of designing or implementing C4P programmes as part of the Ukraine response and were seeking learning and experience from each other. Together with the Regional C4PTF, it was agreed to commission this learning report to understand what programming is being labelled as C4P within the context of the Ukraine response, what elements and parameters make up this programming, and how the programmes are operationalised. The objective of this research was to gather and analyse C4P programmatic experience and lessons learned from the Ukraine crisis response to support the work of agencies engaging in C4P as part of the response while contributing to the global bank of operational learning and guidance on C4P. Recommendations are formulated to inform current responses, but also future ones.

● KEY FINDINGS

A wide range of programming under a C4P umbrella is being carried out in Ukraine. However, not all actors use the same parameters when implementing C4P within this context. Even those who agree with the global definition in principle struggle to operationalise C4P in line with this definition in the context of Ukraine. The lines between Multipurpose Cash Assistance (MPCA) (but also coverage of other sectoral needs, such as health) and C4P are sometimes blurry. Despite the support and assistance provided by the Regional C4PTF in giving valuable technical guidance on C4P in Ukraine response countries, humanitarian organisations have largely been operating in silos, without coordinating with each other. There has been an absence of more operational coordination and technical harmonisation at national level to effectively implement programmes.¹ While some see this as much-needed freedom to address the needs on the

ground, others are concerned about the confusion among humanitarian actors regarding what constitutes C4P programming.

In Poland, Lithuania and Moldova, C4P discussions and operations are less widespread and advanced, with only a few humanitarian organisations beginning to operationalise, or consider models. Key informants reveal complexities of operating in an EU country, such as the assumption of a higher quality of protection services and the lack of open discussions on the gaps in the Polish system that can reasonably be filled through C4P programming.

In Poland, NGOs also reported high levels of need for support for legal issues such as court cases and document acquisition, support to access the Polish benefits system and financial barriers to accessing sexual

¹ To note that at the time of conducting this research, the latest guidance [on C4P from the Protection Cluster in Ukraine](#) had not been published.

reproductive health services. In this context, the lack of a discussion forum within the humanitarian coordination apparatus to brainstorm on C4P programming has reportedly been a challenge. This learning paper highlights the need to revisit the practicalities of attempts to harmonise a more rigid definition of C4P in complex contexts with immense needs, such

as the Ukraine response, and where MPCA programming does not meet the vast array of basic needs of the war-affected population. Most importantly, the paper highlights the need for actors in both countries to come together in a supportive and open space, to discuss their challenges in operationalising C4P programming and to learn from each other's experiences.

● SPECIFIC FINDINGS & RECOMMENDATIONS

OPERATIONALISING THE DEFINITION OF C4P:

Operationalising the definition of C4P: Although all organisations reported their interventions as C4P due to their ultimate protection objectives, their designs vary significantly, and the lack of nationally endorsed definitions of C4P reportedly causes confusion and challenges. Some organisations advocate for a **more holistic interpretation and operationalisation** of C4P, opposing a restrictive, sectoral definition. An important challenge raised by some implementers trying to internally define what should fall under their C4P and what shouldn't, is related to **the inability of beneficiaries to meet all needs with the standard financial assistance they were receiving** (particularly in Ukraine). **Conversely, some organisations strongly believe and adopt a very rigid definition of C4P at an operational stage.** Many use case management as a core component of their C4P intervention, with some believing that cash should be used only as a last resort within case management. In Poland, conversations on definitions of C4P within the response are reportedly notably absent, leaving practitioners seeing high levels of need, but being unable to clearly articulate a definition of C4P within the context.

It is therefore recommended that protection clusters develop national technical guidance as early in the response as possible, which could be further developed at a later stage, to ensure that all actors are aware of the [standard Global Protection Cluster \(GPC\) definition of C4P](#) and of the different ways to operationalise it, including key differences between C4P and other forms of financial assistance. **This would greatly reduce confusion** and provide organisations with the resources to start designing intervention strategies. Complete harmonisation of C4P interventions seems unrealistic, but common technical ground and a joint programmatic framework are necessary. Inter-cluster coordination is crucial to guide implementers in framing their C4P interventions. Regarding Ukraine specifically, one of the most important and unanimous NGO recommendations is for the Health and Protection Clusters **to define the boundaries between C4P and cash for health clearly.**

COORDINATION:

There is notable confusion across the response regarding the roles and responsibilities of different coordination 'duty bearers' for C4P, and various organisations expressed frustration at the absence of discussions and technical guidance on C4P at the protection cluster and Cash Working Group (CWG) levels. **While the support provided by the C4PTF was appreciated and deemed useful, various organisations considered it insufficient to address their needs** for more detailed, harmonised and country-specific support.

A key lesson learnt and recommendation from this research is, therefore, that a **C4P task force (preferably sitting under the national Protection Cluster and supported by the Global Cash for Protection Task Team (C4PTT) should be properly funded from the onset of a response,** with dedicated staffing to support technical coordination, adequate communication strategies, ad hoc support and development of technical guidelines. In addition, NGOs call strongly for a platform where humanitarian organisations can discuss technical and operational C4P challenges, such as a more informal community of practice for proactive and reactive discussions and exploration of referrals.

The need for a shared resource platform to share documents such as SOPs was highlighted. Donors also emphasised the need for donor coordination around C4P and early stage discussion when setting up clusters and addressing operational needs.

CAUSALITY ANALYSIS:

It is well understood among stakeholders and implementers that a causality link should be established between a given protection risk and the need for financial assistance to overcome financial barriers and/or address the economic drivers of a protection risk. However, key challenges and nuances reside on the prevention and risk mitigation side. Similarly, it was reported that caseworkers are sometimes influenced by the possibility of being able to support a case financially, and might focus their request for C4P on vulnerability rather than the risk equation. **A complicating factor is also the relatively small MPCA transfer value, leaving beneficiaries of MPCA still vulnerable.** While actors apply causality analysis in their programme designs and theories of change, there is a tendency to aggregate various services and interventions under C4P to address risks and needs holistically. **Some protection actors use cash to overcome financial barriers that relate to protection, but that also pertain to gaps in other sectors.** Some C4P interventions, when analysed closely, resemble integrated protection programming where cash is used to achieve not only protection outcomes but also health, shelter, and basic needs outcomes.

Protection Clusters can support by providing standard protection risk analysis and assessment tools, ensuring that financial barriers and economic root drivers contributing to protection risks are integrated into analyses and considered by partners in response strategies. This can also be used to identify needs for inter-cluster collaboration and potential integrated or multi-sectoral interventions.

of C4P programming, while others view C4P as distinct but complementary to MPCA. **NGOs simultaneously advocate for pragmatic flexibility, whilst also recognising the need for consistency and harmonisation wherever possible, as well as the ability to continuously refine and adapt C4P programme design as needs evolve.** In Ukraine, it is imperative for the health cluster to support with detailed guidance on cash for health as these activities are currently being built into C4P programming without adequate guidance or technical support. **Additionally, it is recommended to invest in staff capacity building before designing and implementing C4P programmes,** to ensure teams are prepared to handle the complexities of such programmes. In Poland, an INGO recommended the design of a short guidance on cash for child protection within the Polish context, given the complexities of intervening within the social services space.

C4P DESIGN:

In contexts of rapid scale-ups, C4P interventions can take time to be established, and in the beginning, protection actors might be looking at using cash to meet the immediate needs of protection cases, rather than focusing primarily on protection-specific risks. This has not been reported as a problem by either donors, implementers or clusters and is reportedly understandable given the situation of the first few months that followed escalation. Moreover, this temporary measure was rapidly replaced by more targeted C4P interventions. **The vast majority of C4P interventions were integrated with, or into, case management, and to a lesser extent, Individual Protection Assistance (IPA) or protection monitoring.** All had protection objectives, even though some were much more holistic than others.

Most organisations addressed various areas of protection, with some focusing specifically on Gender-Based Violence (GBV), Child Protection (CP), Mine Action (MA) and Housing, Land and Property (HLP) issues. **In general, multi-sectoral approaches are being adopted, within which C4P is inserted, allowing for referrals to other sectors.** Aside from case management and IPA, cash is being provided alongside various other protection activities, including Mental Health and Psychosocial Support (MHPSS), Psychosocial Support (PSS), legal aid and referrals to specialised services. Referrals to MPCA were reported by various actors (either internally or externally), as well as referrals for cash-for-rent interventions addressing longer term shelter needs).

Synergies between MPCA and C4P are viewed differently by various agencies. Some consider MPCA targeted with a protection lens as a form

IDENTIFICATION AND SELECTION IN C4P:

Beneficiary identification was mainly conducted through referrals (external, internal or self-referrals). Selection of C4P beneficiaries was primarily made following an assessment from the Protection Team. To support Protection Teams in the selection process, various organisations have developed flexible lists of selection criteria. Some organisations have devised criteria based on categories of threats; others categorised these criteria by protection risks.

Finally, some organisations decided to use categorical targeting within their C4P programming, targeting specific categories of people that they consider “at-risk”. Categorical targeting is primarily recommended as an entry point if referrals to Protection Teams can be made and appropriate protection assessments conducted. There is a risk, however, that some categories of risk might be too broad (e.g. people living with disabilities) and overlap with standard MPCA targeting criteria. Integration of protection-sensitive criteria in MPCA standard selection surveys is recommended, but wouldn’t constitute in itself a C4P intervention.

LINKS WITH SOCIAL PROTECTION:

There are numerous examples cited by KIs of linkages with local government departments in Ukraine and exploration of services and allowances available or lacking that C4P programmes can complement or gap fill. **However, there is a far from universal incorporation of an analysis of social protection programmes in C4P programme design, and a lack of a harmonised approach to collaboration with local authorities.** For instance, an analysis of healthcare provision is sorely lacking in Ukraine, and in Poland, there is an assumption of a higher level of child protection services existing and a reluctance to explore these gaps due to Poland’s EU status. More detailed local-level social protection analysis is recommended in order to understand options for working with and alongside the national system when coming across the potential need for C4P support.

TRANSFER VALUE DETERMINATION:

There are currently almost as many different transfer value calculations for C4P in the Ukraine response as there are organisations implementing C4P. This is reportedly due to a lack of guidance from clusters, but also to the very nature of C4P, which requires individualised assistance, making it difficult to provide standardised amounts as in other sectors. Different assistance packages reported under C4P programs are tailored to meet different scenarios and timeframes (e.g. Emergency Case Management Fund (ECMF), designed to meet urgent protection needs that cannot wait beyond 48 to 72 hours, vs C4P, designed to address risks more comprehensively and sustainably).

Three main approaches have been adopted by organisations to determine the transfer values of their C4P assistance and associated packages: **the risk ranking approach; the top up approach; and the tailored approach.**² Each methodology has its pros and cons. While more tailored approaches appear more appropriate from a technical standpoint, they also demand significantly more training for Protection teams, as well as additional time and resources. These methods can be more complex to operationalise compared to more standardised approaches. **It is recommended that clusters support the development of these more standardised approaches** by coordinating the collection of data (with the support of the cash working group) analysis and dissemination of findings, whilst always encouraging and leaving the flexibility for more tailored, individualised transfer value determinations.

Humanitarian agencies embarking on C4P programme design could learn from examples of strong connections between humanitarian agencies and social protection departments and territorial social service departments in terms of outreach, referrals and service mapping. **Standardisation of data sharing agreements would also help the process of data sharing between the government and humanitarian agencies, and between humanitarian agencies themselves, for the purposes of referrals.**

2. See section 8 on transfer values p.35 (link)

MONITORING & EVALUATION:

C4P practitioners interviewed in this research employ a mix of qualitative and quantitative methods to monitor C4P implementation; however, most acknowledge the need for greater efforts in this domain, particularly in measuring the impact of cash on the intended protection outcomes. **More thorough and systematic monitoring is essential to gain definitive insights in this area.** Several organisations have taken note of this and are currently developing or revising their tools and SOPs to integrate process and outcome indicators to effectively monitor their C4P interventions. As a direct consequence of the above, based on information collected through interviews and desk reviews, **relatively little evidence has been generated so far from C4P programme implementation in the Ukraine response.** There are indeed methodological and privacy challenges that are unique to C4P monitoring (notably due to the sensitivity of cases) that must be taken into account and should be advocated for amongst donors and practitioners. **This calls for a responsive and collaborative approach, where principles of protection are prioritised and protection teams play a more important role than usual.**

This approach ensures the protection and safety of all involved, while also collecting necessary data to assess the program's impact and effectiveness. This is particularly relevant for highly sensitive areas like GBV but also applies to other sensitive risks.



SECTION 1: BACKGROUND AND INTRODUCTION

● A. BACKGROUND ON THE C4PTF

The February 2022 crisis escalation in Ukraine led to an unprecedented emergency in Europe. Over 8.2 million Ukrainians fled their country after that date and it is estimated that 44% of the population was displaced internally. Recognising the need for C4P interventions in the large-scale Ukraine response, and aware of the technical challenges in operationalising C4P, the [Task Team on C4P](#) (under the Global Protection Cluster) established a temporary team, the Ukraine Regional C4PTF, exclusively dedicated to the Ukraine situation.

As the response unfolded, an increasing number of agencies began considering C4P implementation. The Task Force, open to all organisations and coordination structures, provides direct support to these agencies and Protection Clusters. This includes ensuring that technical support would ultimately be led and owned at the national level. Notably, the Ukrainian Protection Cluster published [national guidelines on C4P](#) in September 2023.

BOX 1: COUNTRIES COVERED BY THE C4PTF



This team's core objectives included:

- Provide technical guidance on the design of CVA and protection assessments and activities and analysis of findings, including through the dissemination of tools and key resources
- Offer a space for collaboration and discussion to address key CVA and protection challenges that emerge in the region, ensuring sharing of best practices and lessons learnt
- Adapt global guidance and tools to the regional context
- Identify and address capacity-building needs
- Provide members with updates, products and resources, such as a bimonthly factsheet, a live web map capturing CVA and protection activities, and regional-specific guidelines on CVA for protection

● B. RESEARCH METHODOLOGY

During the inception phase of this research, the TOR was disseminated and a call for Key Informant Interviews (KIIs) was made through the C4PTF, the CCD Network, and bilaterally to CWGs, donors and the protection cluster/sector in Ukraine and Poland. 19 KIIs were carried out with representatives from the following breakdown of organisations (see Annex 3 for KII participants).

TABLE 1: NUMBER OF KIIS PER COUNTRY AND TYPE OF ORGANISATION

	Ukraine	Poland	Moldova/Global	Lithuania
INGOs	8	3		1
LNGOs	2			
Donors	2			
Protection Cluster	1			
CWG	1			
UN agencies			1	
Total	14	3	1	1

In addition, a desk review (see Annex 4) was carried out on C4P operational documents from 2 INGOs operating in Poland, 3 INGOs operating in Ukraine, 1 LNGO operating in Ukraine, 1 UN agency operating in Moldova and 1 INGO in Lithuania.

● C. LIMITATIONS

This research had originally been intended as a regional exercise to gather lessons from across the Ukraine response countries. Despite a wide call for key informants, the vast majority of interviews were conducted with NGOs in Ukraine and Poland. Similarly, a limited number of organisations accepted to share data on C4P monitoring, hence limiting the possibility to disaggregate by gender for instance, and more generally speaking limiting the availability of evidence to generate further learnings and recommendations.

SECTION 2 – OVERVIEW OF CASH AND PROTECTION INTERVENTIONS IN THE UKRAINE RESPONSE

The analysis of KIs and literature review indicates the variety of C4P intervention designs across the Ukraine response, ranging from very restrictive interventions exclusively embedded into protection activities to much more comprehensive and holistic ones.

The table on the next page provides an overview of projects either implemented or planned by humanitarian organisations, which are perceived as C4P. It regroups:

- How implementers define their C4P intervention (key parameters)
- Their targeted number of beneficiaries and methodologies used to identify and support C4P beneficiaries
- The specific needs that the C4P intervention aims to address, along with the methodology for determining transfer value, and the associated delivery mechanism used
- While this section provides a general overview, sections 3 to 5 will delve into more details, analysing each specific technical aspect of these C4P interventions within the Ukraine regional response

TABLE 2: OVERVIEW OF CASH AND PROTECTION PROGRAMMING IN UKRAINE

Organisation	Rationale	Identification and targeting strategies	Key linked protection activities	Coverage of C4P programme	Transfer value and frequency	Delivery mechanism(s)
Christian Aid (with partner Hungarian Interchurch Aid)	Assess and Assist (A&A) approach that comes under an umbrella definition of dignity and wellbeing and responds to unmet needs	2,000 beneficiaries		A&A is used to top up basic needs, to provide basic needs support to those not qualifying for MPCA, as well as a whole host of other identified needs, health costs, access to services, access to shelter, and many more	Flexible grant sizes: Most were between \$200-\$300, but some were larger into the thousands of dollars	Western Union
Caritas	C4P is a modality, within a case management approach whereby their caseworkers identify problems that need cash to be resolved and tailor a response towards the specific need of the beneficiary The C4P programme can provide more confidential options for finding solutions or actions to reduce specific harm or risk, such as relocation of an individual and/or household, increased access to specialised service providers and/or longer-term access to legal aid, etc	The programme will initially probably target 250 beneficiaries As a faith-based organisation, they are linked to parishes and church-based organisations and also use social media, TV and other media resources to spread the word	The provision of C4P financial assistance is an integral part of case management. Emergency assistance can be used as a key element of the case management process, complemented by other interventions. Caritas will try to cover all needs through provision of or links to services, or through their own programmes (MPCA, food kits, hygiene kits etc), but where they see a need for financial support they will pay these directly rather than give the beneficiary cash	<ul style="list-style-type: none"> - Documentation - Family reunification (cash for transport) - Health care issues - Rehabilitation facilities and services - Meeting specific needs based on age or gender - Specialised hygiene products - Specialised food products - Psychological and psychosocial assistance - Transportation services - Housing - Legal services, legal aid - Specialised services in case of emergencies 	The assistance is one-time, the amount of the grant is determined individually	Bank transfers
DanChurch-Aid	"Cash for Protection" is aimed at preventing, eliminating, and overcoming the negative consequences of existing or potential protection risks	Estimated target of 300 individuals Identification via ongoing project activities and internal layered services: legal aid, MHPSS and mine action and potentially interagency referrals Layered services combine HMA, legal aid, social protection services and PSS The general vulnerability criteria is assessed by project staff who refer to social workers who assess needs and prepare necessary assessment for disbursement, requirement of at least one vulnerability	Not all cases require case management, e.g. legal aid services where social workers will follow-up Caseworkers manage referrals (including for cash assistance) and follow-up on those referrals, they give basic PSS support, and they can determine if cash assistance fits/can be layered into the client goals and discuss possible risks of receiving the money with the client	<ul style="list-style-type: none"> - Document restoration - Access to justice - Transportation expenses (if related to protection) - Exhumation, reburial, ritual services, and related expenses. - Temporary housing rental (apartment, hotel). - Basic needs (food, clothing, hygiene items). - Housing repairs, - Medical assistance and rehabilitation, sanatorium and resort treatment, purchase of medicines, non-specialised medical equipment, and medical supplies. - Training and education of caregiving for individuals with disabilities. - Auxiliary activities aimed at mitigating the negative consequences of existing or potential protection risks (gym memberships, swimming pool access, sports clubs, self-defence courses, creative workshops, etc.) 	Assistance to meet basic needs is generally provided at a fixed amount of 6,000 UAH (150 euros) per beneficiary; with an upper limit of a one-time cash payment of 20,000 UAH (500 euros) per beneficiary - may be increased at the committee's discretion up to 120,000 UAH (3,000 euros)	Cash or in-kind
The Tenth of April	C4P aims to prevent and respond to protection issues by helping beneficiaries reduce temporary vulnerability or increase their ability to cope with specific threats and ultimately stay safe	746 plus an additional 534 in the dam response (27 protection committees have taken place to provide C4P) All beneficiaries they are supporting come under their social support case management or under their social workers where needs are assessed and application forms are filled in for consideration by committees	Linked with social support case management	<ul style="list-style-type: none"> - Housing emergencies - Civil documentation - Threat to life or physical - PSS issue - freedom of movement, lack of documentation, hindered access to services, benefits, medical coverage, trafficking, survivor of sexual exploitation and abuse (SEA), victims of torture, GBV survivors, housing emergencies (For example, buying a washing machine for a PWD leads to a protection outcome in that the person can leave their house with dignity) 	3,470 UAH but this could be doubled or tripled depending on need	<ul style="list-style-type: none"> - Bank transfers (preferred modality as it allows choice) - In-kind assistance (PWD, rural, or when money cannot be spent on the target need) -Vouchers

Organisation	Rationale	Identification and targeting strategies	Key linked protection activities	Coverage of C4P programme	Transfer value and frequency	Delivery mechanism(s)
Tenth of April	Cash and Voucher Assistance for Protection - aims to prevent and respond to protection issues by helping beneficiaries reduce temporary vulnerability or increase their ability to cope with specific threats and ultimately stay safe	The target is to provide cash assistance to 1400 beneficiaries during the project implementation period (September 1, 2023 - August 31, 2024). All beneficiaries they are supporting come under their social support case management or under their social workers where needs are assessed and application forms are filled in for consideration by committees"	Linked with social support case management	Cash assistance can be provided to cover various protection and risk prevention needs: housing emergencies and civil documentation, threat to life or physical or PSS issues, freedom of movement, lack of documentation, hindered access to services, benefits, medical coverage, trafficking, survivor of sexual exploitation and abuse (SEA), victims of torture, GBV survivors, and some other areas	3,760 UAH but this could be doubled (7,520 UAH) or tripled (11,280 UAH) depending on need. In the case of documentation restoration – it could be 3,760 UAH but if it's somebody applying for a wheelchair they will get the maximum amount	Three modalities of support - bank transfers, in-kind assistance (PWD, rural, or when money cannot be spent on the target need) and vouchers. Bank transfer is the preferable modality as it allows choice
IRC Ukraine	Based on a rapid needs assessment and protection monitoring efforts. There must be a need for clear protection threats/risks identified by caseworkers or community mobilisers	80 beneficiaries (BHA funding) 65 beneficiaries (ECHO funding) 220 referred by Ukrainian Demining Association (UDA) - IRC focuses on vulnerable categories of people - IDPs registered and non-registered, conflict-affected populations in newly accessible areas and occupied areas, the elderly, people with disabilities (PWD) etc. - Protection monitoring is widely conducted, with community mobilisers identifying cases under criteria - Cases are referred to caseworkers, and caseworkers go to localities and assess	Linked with case management	A wide range of needs such as - transport to hospital - Legal services, documentation needs (state fees for renewing IDs), court fees payment - Support for eviction cases when IDPs cannot pay rent, document translation - Hygiene necessities, specifics required for single mothers and the elderly, and cash for food. Also provide flexible emergency cash to meet urgent needs and also support with assisted devices and mobile phones for communication. Medical needs are usually urgent surgeries or drugs not covered by state programmes, and rehabilitation after trauma	\$100 minimum to \$500 maximum - may differ from case to case IRC's average transfer value for budgeting purposes is \$250	Bank withdrawals or exchange office with their ID and a code sent to them via SMS
Save the Children Ukraine	C4P to address economic root causes of child protection risk	Caseworkers identify and select C4P beneficiaries MPCA teams identify Unaccompanied and Separated Children (UASC), refers them to Child Protection and provide them with cash assistance (unless requested otherwise by CP teams)	C4P provided through case management, and strongly integrated within broader MPCA programme	Unrestricted, designed to cover economic vulnerability and shelter emergency costs when needed. This was due to the absence of national guidelines on C4P in Ukraine. Now will move to a more tailored design of transfer value to each case (using protection top-ups)	MPCA transfer value + cash-for-rent transfer value when needed (planning to have more tailored amounts in the future)	Bank transfers
HelpAge Ukraine	HelpAge had case management in place where social workers would visit older people in their homes and provide care, as well as advisers for specific cases and referrals and they would discover cases that required financial support, as well as material	HelpAge is assisting 4000 people with home-based care and around 1000 of these people are being supported with C4P programming	Within case management, Case workers are responsible for raising C4P needs with the manager and these cases are spot checked and audited	Using a broad definition to C4P and included anything that could have a potential protection impact: for example, an inability to pay rent and to face eviction (they also refer to shelter actors for longer term shelter needs), or not being able to access important medication such as insulin for diabetes, or drugs for hypertension	\$700 MAX	
Humanity and Inclusion (HI)	A pilot C4P project: HI provides top-up to the standard MPCA for people with newly acquired disabilities and who are not registered in the government protection scheme The top-up is meant to cover the extra costs associated with disabilities and disability-specific social protection in Ukraine to meet the needs of those with disabilities (as calculated on their recent report (link))	HI teams establish communications with local authorities and work together to find beneficiaries in a more systematic way HI uses the CWG Task Team 1 framework for targeting of its MPCA and they provide top-ups to MPCA for people with newly acquired disabilities	Within a basic needs project (MPCA + disability top-ups)	To cover additional disability-related expenditures to enable the person with a disability to adapt to their new conditions. These expenditures are also essential such as hygiene, food, transportation, clothing, support from a caregiver etc. for the person to live in dignity	\$170 per month X 3 months	People receive support on the bank accounts or they can collect money in the bank office

Organisation	Rationale	Identification and targeting strategies	Key linked protection activities	Coverage of C4P programme	Transfer value and frequency	Delivery mechanism(s)
Danish Refugee Council (DRC)	<p>Individual assistance guidance establishes the need to define a protection risk articulated with a protection outcome and to demonstrate that the response is protection oriented and not responding to basic needs. A principle is that cash is a last resort option and only if services are not available</p> <p>C4P may be provided to address protection concerns of individuals and households based on the risk of exposure to violence, coercion and deliberate deprivation, in relation to identified threats.</p>	<p>DRC targets around 700 people overall through IPA and C4P</p> <p>In terms of profiling beneficiaries of DRC work, experience shows that the majority of the cases are the elderly, PWD (both registered and non-registered), single care givers, people who lack documentation etc</p> <p>The eligibility for C4P should be determined on a case-by-case basis, based on a protection risk analysis (analyzing the threat, vulnerabilities and capacities of each potential individual or household beneficiary) and on the expression of a potential protection outcome, including how the risk will be addressed or mitigated through C4P support</p>	<p>C4P is linked to key protection activities (protection monitoring, community-based protection, case management, including through the identification of individuals and/or households who may be eligible for C4P and as an active component of protection programming itself</p>	<p>To facilitate access to essential/specialised services including through:</p> <ul style="list-style-type: none"> - covering transportation/service fees, - to provide critical financial/material support including for supporting recovery, - to cover rental fees (e.g. risks of eviction), - to cover fees for accessing legal documentation and legal remedies, - Health related needs making up the vast majority of cases 	<p>Average amount of \$350; however it is determined on a case-by-case basis</p>	<p>Cash (essentially through bank transfers but can also be provided through cash in hand) or in-kind</p>
World Vision	<p>The cash for protection is intended to help beneficiaries address or mitigate serious harm by providing cash for a specific, recurring, and non-recurring need</p> <p>C4P is used:</p> <ol style="list-style-type: none"> 1) Cash for prevention of protection risks: This category covers the provision of cash to mitigate or protect against the consequences of recent, serious and persistent protection risks of violence, abuse, neglect and exploitation. This involves the use of cash to help meet an urgent need that, if not otherwise met, would put the beneficiary at risk or exacerbate an existing risk of harm. 2) Cash as a response to ongoing protection concerns: The second category is the use of cash in response to a specific protection incident. Here, cash is used to help respond to an incident of violence that has already occurred, such as domestic violence 	<p>The technical specialists – the caseworkers (i.e. social workers, psychologists) from the Local Partner organisations, working directly with the beneficiaries, will be the ones identifying the need for additional protection-related services/support for individual cases. The cash for protection will be provided to those individuals/households that are in need of the supplementary specialised protection-related services/supports that require additional payments for the provision of such services</p>	<p>C4P as part of the comprehensive assistance provided to the project beneficiaries. It is provided to support and supplement the interdisciplinary service provision and case management that are provided to the project beneficiaries in order to address their immediate wellbeing needs and recovery</p>	<p>C4P can be used by the qualified project beneficiaries to pay for the following services/ support: CP, GBV, MHPSS, Support services</p>	<p>Unconditional & unrestricted transfer - The transfer value is determined on a case-by-case basis, ranging from \$50 to \$400</p> <p>Larger amounts can be given when justified by caseworkers by urgent and compelling needs</p>	<p>Bank transfers through Privatbank</p>
Caritas Odesa (Ukraine, partners with Oxfam)	<p>C4P aims to prevent and respond to protection concerns, supporting beneficiaries to reduce temporary vulnerabilities, or increasing their capacity to deal with specific threats, and to ultimately remain safe</p>	<p>IDPs or locals affected by war (e.g. people living on de-occupied territories, people who suffered from shelling). Based on needs assessment by social workers and/or casemanager; cases that require emergency response; cases when casemanager's assistance isn't enough (consultations) isn't enough to cover the need</p>	<p>Provided under case management</p>	<p>Threat to life or physical and psychological integrity; emergency accommodation; transportation needs; lack of civil documentation; protection needs of victims of all kinds of violence; Other emergency needs caused by a protection risk that is considered lifesaving</p>	<p>3 categories: 3470UAH, 6940UAH, 10410 UAH</p>	<p>Mostly bank transfers; in certain situations in-kind (mostly for people with difficulties to reach markets</p>

Organisation	Rationale	Identification and targeting strategies	Key linked protection activities	Coverage of C4P programme	Transfer value and frequency	Delivery mechanism(s)
<p>Rokada (Ukraine, partner with Oxfam)</p>	<p>C4P aims to prevent and respond to protection concerns, supporting beneficiaries to reduce temporary vulnerabilities, or increasing their capacity to deal with specific threats, and to ultimately remain safe</p>	<ul style="list-style-type: none"> - Individuals (IDPs, affected population, asylum seekers) at risk of protection are identified and assessed by Rokada Protection staff during protection monitoring, PSS services, through protection helplines, or any other field/mobile teams that identify protection cases on transit points, shelters, or any other Rokada activities. - Cases may be considered eligible when these occurrences have a severe impact on the overall capacities of the family and or the individual to cope with the situation 	<p>Provided under case management</p>	<p>Threat to life or physical and psychological integrity, freedom of movement, lack of civil documentation, hindered access to information and services, hindered access to social benefits and medical coverage, protection needs of survivors of all kinds of violence, abuse or exploitation and coercion (excluding child protection and GBV cases), protection needs of GBV survivors, housing emergencies</p>	<p>IPA assistance for individuals is up to 300 EUR (12,00 UAH).</p> <p>In case IPA proposed response exceeds 300 EUR threshold, additional approval from area managers/director is required based on recommendation of the protection manager</p>	<p>In-kind support, payment of services</p>



TABLE 3: OVERVIEW OF CASH AND PROTECTION PROGRAMMING FOR THE UKRAINE RESPONSE

Organisation	Rationale	Identification and targeting strategies	Key linked protection activities	Coverage of C4P programme	Transfer value and frequency	Delivery mechanism(s)
POLAND						
Oxfam Poland (in a partnership with Ukrainian House)	Oxfam's definition of C4P is in line with global standards. Where lack of access to cash increases protection risks or hinders access to protection services, cash assistance is useful as a complement to other protection services. By enabling access to services, cash can prevent or stop persons or families from resorting to negative coping mechanisms such as accepting exploitative job practices, self-restricting from accessing essential services, or resorting to survival sex, due to a lack of resources and alternatives. Cash can also mitigate the immediate consequences of discrimination, abuse, violence, and exploitation	<ul style="list-style-type: none"> - People experiencing eviction - People who are lacking documentation and cannot access social benefits, cannot get jobs, or apartments - People who need money for transportation 	It must also be integrated into other cross-sectoral programming and particularly complemented by safe referrals, case management, and other protection services	<ul style="list-style-type: none"> - Assistance in finding accommodation and employment - Assistance in resolving legal issues - MHPSS and support related to trauma <p>On top of CVA, they will also support with winterisation cash</p>	3 categories - up to 300 EUR ; and "special category" 500EUR	BLIK or cash in emergency cases
IRC Poland (small project)	IRC has identified financial barriers in Poland that C4P programming can target across the Child Protection and Women's Protection and Empowerment sectors	They will start with 40 families initially, divided among 3-4 caseworkers.	Case management and accompaniment	They have identified a variety of needs such as people requesting cash for support with protection risks and mitigation. This could include short-term accommodation, legal support or documentation, family separation assistance, caregiving, etc	IRC doesn't yet have a transfer value cap.	Bank transfers, MoneyGram and pre-paid cards depending on the context of the case
LITHUANIA						
Save the Children Lithuania	A micro-grant pilot project aiming at reducing child distress and violence in the home within Ukrainian families who arrived to Lithuania after 24 February, 2022. While some of these were identified based on economic vulnerability, others were identified based on child protection risks.	Identification and referral was made through SC Lithuania family care centers as well as social workers supporting families as part of SC's Child Protection activities. Selection is made following an individual assessment of case, looking at both protection risks and socio economic vulnerability. Self referrals (received from SC hotline or referrals from other organisations) was also an entry point for identification.	PSS, Child-Friendly Spaces, Day Care centers.	At the beginning of the project, the transfer value was calculated to cover the gap between basic needs and the level of social protection assistance received by targeted beneficiaries. As the project evolved, the transfer value is now being determined on a case-by-case basis, looking at the capacities, vulnerabilities and risks of the targeted beneficiary/individual	This one-off transfer amounted to EUR 255 (approx. \$272) per household with an additional top-up of EUR 20 for pregnant women. Recipients were provided with an average one-off, three-month value payment of 812 EUR	Bank payments, vouchers (exceptional, emergency cases)

SECTION 3 – OPERATIONALISATION OF THE DEFINITION OF C4P IN THE UKRAINE RESPONSE

● A. A GLOBAL CHALLENGE...

Since the onset of the response, the Ukraine Regional C4PTF has been using the global definition of C4P to provide guidance to humanitarian agencies planning to implement C4P interventions (as detailed in the introduction). In response to requests from members for more operational clarity (amidst the absence of national guidelines), the team produced a [tip sheet](#) outlining the definition and key components.

These included:

- Identifying economic barriers, root causes, and drivers of protection risks during the needs assessment, monitoring, and risk analysis stages
- Ensuring the theory of change clearly reflects how the CVA intervention will directly address or prevent identified protection risks
- Designing the CVA intervention to reduce protection risks and mitigate protection-related negative coping strategies
- Targeting methodologies for selecting CVA recipients should focus on at-risk populations
- Complementing the implementation with protection activities
- Monitoring protection outcomes

The review and analysis of KIIs demonstrate the diversity of C4P programme designs implemented in the Ukraine response, revealing different interpretations of the definition and key components of C4P by agencies. The literature review indicates that such diversity is not unique to the Ukraine response. Indeed, the global TTC4P even established a sub-working group to clarify key components of the definition.

In its most recent [stocktaking paper](#), the TTC4P under the GPC highlighted the challenges associated with defining C4P. An illustration developed by UNHCR in 2015, highlighted how CVA or in-kind could be used within the three spheres of the protection continuum, namely protection mainstreaming, integration and specialised/standalone.

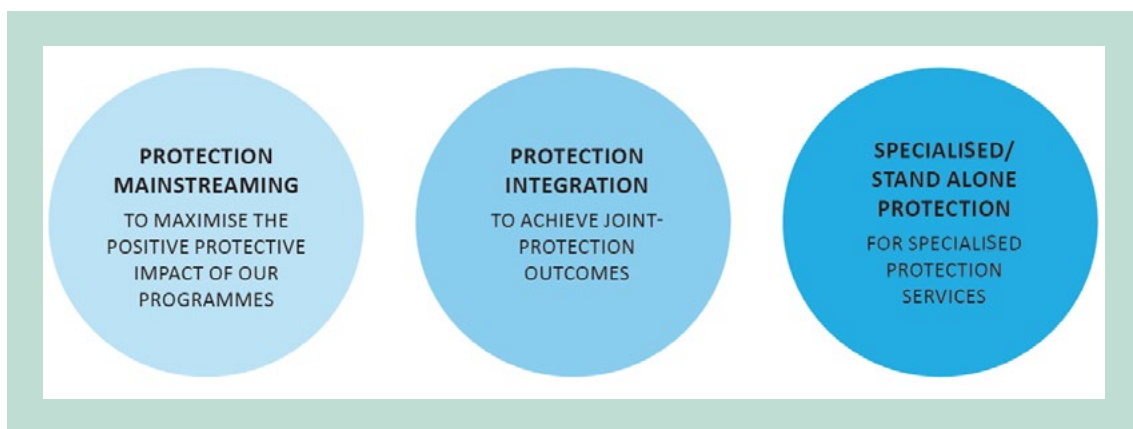
As such, it defines the integration of CVA and in-kind within each sphere as:

PROTECTION MAINSTREAMING is the process of incorporating protection principles (i.e. meaningful access and non-discrimination, safety, dignity & do no harm, accountability, and participation and empowerment) at all stages of the programme cycle in humanitarian programmes using CVA. This can be intended to meet one or more basic needs objectives or sector-specific outcomes, such as Food Security and Livelihoods, Education, Water, Sanitation and Hygiene (WASH), Shelter and Health.

PROTECTION INTEGRATION is the design of humanitarian programmes, including CVA and other modalities, to support both protection and other non-protection assistance objectives. In this sphere of the protection continuum, programming includes sector-specific responses beyond the protection sector to achieve protection outcomes and actively contributes to risk reduction among the affected population. Protection integration requires all humanitarian actors to commit, wherever feasible and appropriate, to protection objectives in the design of their activities. It can, therefore, support the system-wide commitment to the centrality of protection as it relies on the collaboration of different actors in a multisectoral humanitarian response.

SPECIALISED/STANDALONE PROTECTION programmes have specific protection objectives. They aim to prevent and respond to protection concerns such as violence, exploitation, deliberate deprivation or discrimination and to support beneficiaries to enjoy their rights. Protection and humanitarian actors with protection expertise play a key role in ensuring the implementation of specialised protection activities and services aimed at meeting specific protection objectives.

BOX 2: THE PROTECTION CONTINUUM³



As highlighted during the TTC4P workshop in Rome, a significant challenge at the operationalisation stage is related to the complexities and boundaries of mainstreaming, integration, and standalone C4P interventions. Confusion often arises around targeting, protection outcomes and the interaction of two (or more) sectors, making it difficult to distinguish between mainstreaming, integration, and standalone C4P.

While protection mainstreaming is widely acknowledged as essential in any CVA or in-kind programming, there is a general consensus that it does not, in itself, constitute a C4P intervention. Nevertheless, the **results of the research point toward the existence of a fourth sphere**, partially emanating from the so-called “grey areas” between protection mainstreaming and protection integration. For the purpose of this research, it will be labelled as “**Protection Sensitive CVA**”.

3. Source: GPC - “Taking Stock of Cash and Voucher Assistance to Achieve Protection Outcomes in the Protection Sector in Humanitarian Settings | Global Protection Cluster”, 2020 ([link](#))

Protection Sensitive CVA regroups cash interventions that integrate all aspects of protection mainstreaming, but also incorporate other activities aimed at contributing to protection outcomes. Key parameters include:

- Conducting a protection sensitive-risk analysis prior to the start of distribution to identify potential safeguarding and protection risks that could be caused by the intervention
- Adapting and tailoring the design of the intervention to mitigate these safeguarding and protection risks
- Expanding the identification strategy/entry points to allow the identification of potentially at-risk individuals/victims
- Designing a targeting methodology inclusive of at-risk individuals/victims (who might otherwise not be selected in standard CVA/in-kind targeting)
- Train CVA teams to identify and safely refer potentially at-risk individuals/victims (internally or externally)
- Monitoring protection outcomes throughout the CVA/in-kind intervention

While the objectives of protection-sensitive CVA could include protection outcomes, the primary objective remains meeting basic needs or other sectoral outcomes. Unlike integrated programming, protection services are not provided as complementary activities to the CVA, and the design is not primarily oriented toward achieving protection outcomes.

The distinction between the use of cash in integrated programming and standalone protection can sometimes be confusing since, in practice, activities implemented under the standalone sphere could be the same as the ones implemented under integrated programming. Integrated programming could, for instance, offer case management services or IPA alongside CVA/in-kind and livelihoods programming.

The challenges associated with defining C4P are far from unique. For decades, the use of CVA has been expanding to sectors like Nutrition, Shelter, and Health, with concerted efforts made to better frame and label CVA used in these areas. However, specific challenges are inherent to Protection, possibly due to the sector's rights-based nature and its coverage of a broad range of sensitive issues that often require highly individualised, case-by-case approaches. This makes generating tangible guidance and empirical evidence more challenging. Operationally, it's easy for non-protection activities to be categorised under protection programming, leading to protection actors compensating for gaps in other sectors. A commonly cited example is health, where many protection actors have shared instances of dedicating significant resources to purchasing medicines or health services within case management or IPA. This raises concerns, as not providing such assistance could worsen the threat to or survival of a case, yet results in much of the protection resources achieving health outcomes without the involvement of qualified health teams.

● B. ... REFLECTED IN THE UKRAINE RESPONSE

The findings of this research illustrate the operational challenges in defining C4P. Although all organisations perceive their interventions as C4P due to their ultimate protection objectives, their designs vary significantly.

Some organisations advocate for a much more holistic interpretation and operationalisation of C4P, opposing a restrictive, sectoral definition (e.g. Sectoral CVA or Standalone Protection using CVA only). The Assess and Assist model, for instance, operates within what is deemed a 'grey zone' by the implementing organisation, addressing gaps in the formal cluster/sector positioning and reporting, and coming under an umbrella definition of dignity and wellbeing. As such, it promotes the idea that *"the Protection Sector should expand its interpretation of its mandate of dignity and wellbeing to highlight the value of utilising cash programming to complement gaps in meeting the basic needs of vulnerable people"*. This approach is people-centred and not sector-centred (formal sector reporting lines are blurred): *"If a person says I need a stove, we don't reply and say 'I'm sorry we're not involved in Shelter and NFIs'; we respond to their needs."*

Another organisation focusing on elderly people adopts a broad definition of C4P, including any intervention that could potentially impact protection. For example, an inability to pay rent and to face eviction (they also refer to shelter actors for longer-term shelter needs), or not being able to access important medication such as insulin for diabetes or drugs for hypertension. This decision was taken following a series of workshops with their field teams and case-workers in which they adopted a more pragmatic approach tailored to the needs they were witnessing on the ground.

An important challenge raised by some implementers trying to define internally what should fall under C4P and what shouldn't, is related to the inability of beneficiaries to meet all needs with the standard financial assistance they were re-

ceiving (particularly in Ukraine). For instance, one organisation shared that initially, C4P was proposed as 'another form of MPCA' to meet a vast plethora of needs unmet by MPCA and this led to internal discussions on the definition, and how broad or rigid to make it, with some disagreement. In Lithuania, one organisation explicitly chose to implement an integrated cash and child protection programme that included cases identified through child protection activities but was not limited to it.

Many NGOs highlighted the importance of pragmatism in C4P. One INGO in Ukraine developed Standard Operating Procedures (SOPs) neatly delineated under the four sub-sectors/Areas of Responsibility (AORs)⁴ of Protection. However, their team came across many questions and concerns from the teams during registration: *"We needed to question our own flexibility when designing SOPs under protection criteria as to whether the criteria were really fit for the context."* Another INGO noted tensions among humanitarian practitioners: *"The challenge with protection mainstreaming is that protection programming isn't very neatly categorised in four focus areas. However people are scared of overlap and feel obliged to tie C4P to those four focus areas."* A local NGO in Ukraine also expressed *"difficulties in distinguishing whether something is a protection issue or not in a response with huge complex needs and a huge variety and scope of needs of individuals."*

According to another INGO, there is a "battle of semantics" on what constitutes C4P and flexibility within an official C4P umbrella is also complex. Some NGOs have pushed for as much flexibility as possible to avoid limiting themselves to certain categories and boxes of financial support: *"We receive requests for cash to support a person to identify the remains of an individual they have lost, to do DNA tests etc to help them claim insurance rights. Does that fall under C4P or a different category of a broader sense of case management"* (INGO KI).

4. Areas of Responsibility (AORs) are Child Protection, Gender-Based Violence, Housing, Land and Property and Mine Action.

One INGO preferred to refer to C4P as hardship funding in order to avoid needing to state an explicit protection outcome: *“When talking to staff, we say hardship, not protection. We are putting bureaucracy ahead of people in need when trying to define and make things more rigid. This is a no-win situation. Staff on the ground are confused, agencies are confused, people are not benefiting. It is an unproductive discussion.”*

Conversely, some organisations strongly believe and adopt a very rigid definition of C4P at the operational stage. Many use case management as a core component of their C4P intervention, with some believing that cash should be used only as a last resort within case management. The analysis of SOPs also indicates different layers of rigidity at the operational stage, with some organisations requiring a rigid selection process within case management or IPA, with strict criteria for expenditure coverage. Nevertheless, most organisations tend to adopt a much more flexible approach.

Regarding donor perspectives, some expressed that the current definitions of C4P are not suitable for the context of Ukraine: *“There are clearly challenges globally in terms of the definition. A definition exists, but the operationalisation is complicated. Partners are asking donors what they consider to be C4P, and it has been difficult to answer.”* They reported seeing a variety of C4P programme designs in Ukraine, ranging from integrated case management to what could be labelled rights-based hardship funding as a top-up to MPCA due to the low transfer value. The confusion between C4P and IPA was also noted, with different organisations, such as the Danish Refugee Council (DRC), implementing IPA globally and having different interpretations compared to the Protection Cluster’s definitions. They observed that in Ukraine, compared to other contexts, there are fewer very high-risk cases, contributing to this confusion.

Finally, some key informants spoke of pragmatic and flexible conversations with donors. Others spoke of high demands that are difficult to meet: *“When you mention protection or C4P, donor expectation is huge. The way guidelines are defined, they demand a lot; what they are demanding requires a lot of things.”*

While no specific programmatic risks were raised in relation to these nuances in interpretations of the C4P definition, associated challenges could emanate from:

- Lack of clarity of which activities to report under which cluster (and associated risks of underreporting, but also not monitoring outcomes, hence reducing evidence generation)
- Confusion on which programmatic guidelines to follow in the absence of national C4P guidelines, and fear of “not doing it right”, particularly for organisations implementing C4P for the first time
- Complications at the proposal stage on where to allocate costs for C4P activities (under protection or MPCA) and the absence of harmonised guidelines at donors’ level
- Hesitation to start implementing C4P
- Lack of advocacy made towards the Health Cluster for Cash for Health (and subsequent coverage of health needs by other sectors, including through C4P)

SECTION 4: COORDINATION

● A. COORDINATION STRUCTURES

There is notable confusion regarding the roles and responsibilities of different coordination 'duty bearers' for C4P in Ukraine. In terms of engagement between clusters, or clusters and the CWG, some donors reported that this does not happen in many crises though they felt strongly that the responsibility for sectoral cash should come under the clusters with the CWG providing support. One donor also felt that "MPCA is already too complex in Ukraine for the CWG to be also taking on the design of sectoral cash programmes."

There is unanimous feedback from NGO key informants in both Ukraine and Poland that **coordination structures overall have not provided the level of support necessary in order to coordinate and provide technical input into the design of C4P, and there is confusion around which entity should be providing the guidance.**

One INGO in Ukraine noted, "I was confused where the conversation was happening – they weren't happening under the CWG, or the Protection Cluster, then I found the task force." A local NGO in Ukraine also noted this lack of clarity: "We subscribed to the CWG but didn't receive any information on C4P. We attended the Protection Cluster but were not aware of any C4P discussions." Another INGO revealed that "there was no unified definition of C4P, no standard definition of IPA, or protection top-ups" whilst another expressed frustration with the lack of follow-up on conversations: "I felt frustrated that we started with these conversations in February but we didn't follow-up. We also raised the health issue in February but I've heard actors say 'there is no need for Cash for Health in Ukraine, only advocacy at state level. The needs are very high on health and we need to be having these conversations within all the clusters.'"

In addition, the lack of a means to coordinate and duplicate C4P was noted, as well as any detailed guidance: An INGO noted, "We supported using MPCA in the dam response. Another NGO was providing C4P. What is the mechanism we should have been using? It's confusing for us but also for beneficiaries. We need to understand the differences between the different cash modalities" (INGO). Another noted, "we have used the Ukraine Protection Cluster and GPC risk matrix, and have taken information from the CWG on targeting and vulnerability criteria, but there has been a lack of methodological guidance on C4P, and we have struggled to write our own SOP without any document to help us."

In Poland, all agencies noted limited coordination and resistance to C4P. Frustration was noted regarding trying to hold conversations at the working group/sector level: "We hear they are working on intersectoral coordination, but it doesn't materialise in anything, then we tried to work with the Protection Sector, but they told us it's not their mandate. It's not the mandate of the CWG either." (INGO).

There has been appreciation of the Regional C4PTF, with some donors seeing its creation as "very timely and necessary due to the lack of strength of protection actors in Ukraine in the early months." Some donors viewed the quality of proposals they were receiving as low and believed it would be better to equip clusters with appropriate capacity in the early stages: "The proposals we were receiving had no standardisation, no reference to any SOPs, no leadership from the protection cluster. All proposals we saw had a different design, and it was clear that they were not talking to each other or using similar approaches."

On the Regional C4PTF, many key informants noted its importance: “Thanks to the Ukraine C4PTF, tools are circulating and the fact sheets are very useful”. However, there were also examples of modifications to improve the support, for instance creating a Sharepoint or repository where all information shared in the factsheets is made available; but also having more visibility to ensure optimum inclusiveness of organisations (reportedly, not all actors were aware of the existence of the C4PTF and associated products); and providing more translation and spaces for discussions (such as a community of practice).

Key informants unanimously expressed the need for a forum for open discussions on C4P, where technical questions, SOP design, and learning could

be more thoroughly addressed. To this end, the C4PTF established monthly ‘drop-in hours’ for more private and detailed discussions, a help desk, and bilateral support to a few organisations.

While there has been frustration among implementers on the limited availability of support on C4P, **it is important to consider the scale and suddenness of the response**, which brought multiple competing priorities, and contributed to delaying the engagement of coordination mechanisms on C4P. In addition, C4P Task Forces/sub-working groups are not as common as others thematics across responses globally, which might also partially explain their slow establishment.

● B. USE OF TECHNICAL GUIDANCE

BOX 3: SELECTED RESOURCES USED BY NGOS TO DEFINE C4P

With regards to resources used, NGOs report a varied use of global and country level guidance with many developing their own guidance independently using internal expertise. Documents identified as useful include [Alliance for Child Protection in Humanitarian Action](#) documents (including the [Monitoring and Evaluation Toolkit for Cash and Voucher Assistance and Child Protection for adolescents](#)) and [Child Protection Minimum Standards](#) as well as the [Ukraine Humanitarian Response Plan](#) (HRP) that one INGO used for development of outputs as part of their Monitoring, Evaluation, Accountability and Learning (MEAL) strategy.

Thoughts on the usefulness of the initial Protection Cluster Ukraine guidance were mixed. One INGO referred to it as helpful though, another stated: “*We struggled with finding contextualised tips and guidelines in Ukraine – guidance was not Ukraine context specific.*”

In contrast, the guidance from the [Protection Cluster in Iraq](#) was cited by three organisations as extremely useful: “*The Iraq guidance gives more latitude - it was loose enough to allow overlap with MPCA and allows you to do more than within the four official categories of cash for protection.*” The United Nations Population Fund (UNFPA) referenced their own global guidance on [How to Design and Set up Cash Assistance in GBV Case Management](#) (the usefulness of this was also noted by an INGO) with e-learning in the pipeline, as well as guidance from the [GBV Area of Responsibility \(AOR\)](#). UNFPA also referenced their [Lebanon](#) and [Colombia](#)⁵ GBV case studies. Other global guidance referenced was that of ICRC and Save the Children, as well as UNFPA’s guidance in Greece. This was noted as being especially useful as it “*highlights risks with everything you need to think of – there are SOPs for financial service providers (FSP) like Red Rose.*”

Most NGOs have developed their own specific guidance and SOPs tailored to the Ukraine context based on local-level discussions within their teams and with partners. Others referenced their agencies’ own global guidance on C4P, which they found not entirely suitable for the contexts in Ukraine or Poland.

5. this case study was also noted by an INGO.

SECTION 5: CAUSALITY ANALYSIS

● A. UNDERSTANDING RISKS, THREATS, VULNERABILITIES AND NEEDS

It is well understood amongst stakeholders and implementers that a causality link should be established between a given protection risk and the need for financial assistance, to overcome financial barriers and/or address the economic drivers of a protection risk. Protection risks are multi-dimensional, and it is also understood that financial assistance alone might not be sufficient to comprehensively and qualitatively respond to or mitigate a risk. When CVA is considered as a modality to be integrated into a protection intervention, the risk analysis should specifically aim to determine if providing CVA could directly contribute to an individual's ability to reduce their exposure to a threat, mitigate a vulnerability that hinders their ability to cope with the threat or build a capacity that helps reduce the risk associated with that specific threat (the risk equation).

From the donor perspective, KIIs have revealed an expectation that the design of any C4P intervention is based on a deep analysis and contextual understanding of an area. This involves comprehending community-level risk, understanding how this risk is being addressed in a nuanced manner, and evaluating how cash could impact protection outcomes. Some donors finally reported that they would never want to see C4P used to address large-scale vulnerabilities but rather to see it used to address protection risks and not to blur this with basic needs provision.

Similar thoughts were shared on the coordination and implementers' side. Almost all KIIs were able to explain the causality link that informed the design of their C4P intervention, even though interpretations of risks and vulnerabilities varied slightly. Many of the C4P interventions appear to have in fact been impelled by protection actors who are most familiar with using the risk equation, and in most SOPs reviewed, the need for a clear protection threat/risk identified by caseworkers, community mobilisers or protection actors is at the core. However, as highlighted by some KIIs, key challenges and nuances reside on the prevention and risk mitigation side: *"In a context in which there are not high-risk cases, organisations assume that if they don't provide assistance then there will be a protection risk, or if basic needs are not fulfilled, then a protection risk will emerge"*. Similarly, other organisations reported that caseworkers are sometimes influenced by the possibility of being able to support a case financially, and might focus more on their vulnerability rather than the risk equation when considering a C4P response.

BOX 4: PROTECTION RISKS IN UKRAINE (EXTRACT FROM DCA SOPS)

The main protection risks include:

- Attacks on civilians and other unlawful killings, and attacks on civilian objects
- Lack of civil documentation, denial of access to legal remedies and justice
- Presence of mines and other explosive ordnance
- Gender-based violence
- Child and forced family separation
- Theft, extortion, forced eviction or destruction of personal property
- Abduction, kidnapping, enforced disappearance, arbitrary or unlawful arrest and/or detention
- Discrimination and stigmatisation, denial of resources, opportunities, services and/or humanitarian access
- Psychological/emotional abuse or inflicted distress
- Child, early⁶ or forced marriage
- Unlawful impediments or restrictions to freedom of movement, siege and forced displacement
- Torture or cruel, inhumane, degrading treatment or punishment
- Trafficking in persons, forced labour or slavery-like practices

BOX 5: CASE STUDY - CARITAS UKRAINE

Caritas Ukraine has a wealth of experience in case management, counselling and psychosocial support in Ukraine, dating back to 2015. Through their work, they recognised a need to address the protection issues faced by their beneficiaries using cash assistance. Despite various attempts at support through community services, Caritas Ukraine found that certain cases specifically required cash, leading them to implement a C4P intervention.

They have employed Protection Cluster categories of protection risks and their own field research to develop **a list of needs in Ukraine that require cash support and cannot be met solely through service provision:**

- **Documentation:** passport applications or support for any papers on status (IDP etc), disability, (payment of admin fees)
- **Family reunification** – payment for transport
- **Health care issues:** some people require special medication or services. According to Caritas, the Ukrainian government is not funding rehabilitation and many people need this for physical and mental injuries. People need support for equipment such as quality wheelchairs. Caritas is also seeing the exacerbation of chronic diseases such as cancer for those who are living on the frontline under shelling, and in liberated areas, as well as deep-seated psychological issues

6. The Global Protection Cluster recommends using 'child' or 'forced' marriage only.

● B. IDENTIFYING FINANCIAL BARRIERS TO PROTECTION OUTCOMES

These challenges are well reflected in the analysis of financial barriers identified by implementers as part of their causality analysis, many of which highlight a gap in either humanitarian or state provision of services. For instance, NGOs operating in Poland report a high level of need in terms of C4P for legal documentation purposes, ongoing court cases for family separation and the need for legal support to link to the Polish benefit system. These services are available in Poland but expensive; therefore,

some NGOs support by providing these services for free. There are reported barriers to accessibility of services and service mapping, as well as financial barriers regarding access to sexual reproductive health services.

As indicated in the table below, numerous financial barriers identified across the response are directly related to protection risks, however for others, the causality link is less obvious.

TABLE 4: FINANCIAL BARRIERS RELATED TO PROTECTION RISKS IDENTIFIED BY KIIs

Category	Details
Transportation	Transportation to hospitals or to access various services, returning to Ukraine to access documentation or services, transportation to evacuate at-risk locations, family reunification.
Documentation	Restoring documentation, help accessing documentation to access social benefits and medical coverage, state fees for renewing IDs, document translation.
Legal Aid	Legal aid regarding damaged properties, documentation of violation of human rights, court fees payment, legal status, protection rule of law.
Shelter	Emergency accommodation, safe houses for women and children at-risk, support for eviction cases when IDPs cannot pay rent.
Health	Medical rehabilitation services, MRI scans, ultrasounds, pregnancy-related needs, assistive devices, urgent surgeries, drugs for chronic illnesses not covered by state programmes, Sexual and reproductive health services.
MHPSS	PSS and specialised support (clinical psychotherapy, etc.) after trauma, where appropriate.
Basic Needs	Hygiene necessities, specifics required for single mothers and the elderly, and cash for food.
Others	DNA tests to identify human remains, burial costs, mobile phone communication, child care.

Starting with basic needs, there are two main arguments for covering these as part of C4P interventions: preventing the use of negative coping strategies and ensuring that the financial assistance provided is ultimately used to address protection needs, such as access to a specific service. Implementers have reported instances where the inability to cover

basic needs led to negative coping strategies, potentially resulting in protection risks. These include, for example, family separation or the inability to relocate from an at-risk location. Monitoring by Save the Children indicated that 54% of respondents reported financial assistance was crucial in keeping all their families together.

Similarly, an assessment amongst populations evacuating from the frontline or Non-Governmental-Controlled Areas (NGCA) showed that 83% of respondents cited a lack of financial resources as the primary obstacle preventing families from leaving highly insecure locations. However, in other cases, coverage of basic needs was provided as part of C4P on the basis of 'dignity and wellbeing', shifting away from the risk equation towards a more holistic, integrated C4P programming approach.

Financial barriers associated with shelter were among the most cited. Challenges such as accessing accommodation in host countries and support in paying rent to prevent evictions were raised. These could be linked to protection risks but primarily remain shelter needs. Additionally, various organisations identified financial barriers in accessing shelter specifically related to GBV cases, either as preventive (individuals at risk of GBV needing to be localised) or responsive measures (victims of GBV). Regarding Non-Food Items (NFIs), the majority were provided in-kind, often without a clear or individualised causality link. These included PSS kits and mass-targeted firewood distributions from late January to mid-March, aimed at mitigating high risks for individuals with reduced mobility in hard-to-reach conflict areas.

A significant financial barrier is related to health.

In some instances, barriers are specifically identified for victims of rape, or issues related to sexual and reproductive health. The International Rescue Committee (IRC) has identified financial barriers in Poland that C4P programming could address.

The IRC refers to the May 2023 "[Care in Crisis](#)" report, documenting access to sexual and reproductive health services in Poland and neighbouring countries. The report highlights the challenges refugees face in accessing these services, often leading to out-of-pocket expenses or reliance on costly private healthcare providers. Many women reportedly return to Ukraine for necessary medications, a financial barrier that C4P could potentially address.

However, many health-related financial barriers fall outside the specific realm of Sexual and Reproductive Health (SRH).

As noted by one KI in Ukraine: "*DRC has observed predominant health-related needs (such as the need for devices, medical exams, emergency surgery, etc.) and believes there is significant advocacy work to be done at the Health cluster level regarding Cash for Health, to better define and streamline it. DRC has seen C4P being used predominantly to address health-related needs.*" Concerns have been raised that Cash for Health is often provided by non-health actors due to the lack of state provisions and unclear definitions of Cash for Health, leading to a blurring of lines between C4P, Cash for Health, and gaps in Basic Needs.

BOX 6: CASE STUDY - SC LITHUANIA

In May 2023, a family comprising a grandmother and her 11-year-old granddaughter was referred to the C4P programme by a SC Lithuania protection coordinator in Šiauliai. The grandmother was facing a serious risk of becoming blind in one eye (and the sight in the other eye was poor already). To prevent this, urgent eye surgery was needed, but the wait for a state-funded service was too long to save the grandmother's eye. Failure to have the surgery in time could have resulted in loss of sight, and a resulting lack of ability to take proper care of her granddaughter, including a risk of family separation.

A decision was made by the SC Lithuania CVA team to include the family in the C4P programme in order to prevent possible risks affecting the safety and wellbeing of the child.

In June, a request for additional assistance was received, as the state of the second eye was deteriorating fast, and another surgery was urgently needed. The CVA team made an in-depth evaluation of the financial situation of the family, and upon the realisation that the income of the grandmother was actually less than the state-estimated MEB, the decision was made to issue a two-month value payment covering the gap, as well as the expenses of the surgery.

SECTION 6: DESIGNING C4P INTERVENTIONS

● A. EVOLUTION OF PROGRAMMATIC PARAMETERS OF C4P DESIGN IN TIME

According to the Ukraine Protection Cluster, in 2022, 10 partners, primarily INGOs with the largest outreach by IOM, reported implementing C4P. **Case management was operated by 24 partners, reaching approximately 140,000 people through C4P.** IPA cash reached 21,000 people through 10 partners. The majority of C4P was reported for general protection outcomes, with a smaller number of CP and GBV actors also reporting programming. The Ukrainian Demining Association, under the Ukraine Humanitarian Fund (UHF), provided cash to individuals injured by shelling, covering the costs of urgent healthcare and the purchase of assistive devices.

The protection cluster noted that many individuals were initially reached by protection actors providing cash to meet immediate needs, including basic needs. In this first phase, C4P was not utilised in its strict sense, as it targeted protection cases but the cash was not necessarily designed to meet specific protection outcomes, but rather addressed immediate lifesaving needs. **As guidance on MPCA was established, protection partners began implementing C4P in a more traditional manner.**

Donors shared similar observations. A KI indicated that initially, there was limited protection capacity among humanitarian actors, with a significant push for the streamlining of MPCA. Due to the urgency to focus on and scale up MPCA, sectoral cash discussions were initially deprioritised, and *“connections between MPCA and sectoral cash in proposals were initially scarce”*. Donors acknowledged the initial pressure to reach beneficiaries and the initial lack of complexity and nuance in programs.

As the response evolved, the quality of proposals, including those for C4P, improved.

This initial focus on MPCA to meet immediate needs by both protection and non-protection actors might partially explain the level of integration of cash and protection in the response and some of the confusion described previously regarding basic needs. As illustrated in section 2, the vast majority of C4P interventions in the Ukraine regional response analysed in this research were integrated with, or into, case management, and to a lesser extent, IPA or protection monitoring. All had protection objectives, even though some were much more holistic (e.g. dignity and wellbeing) than others (e.g. focused on Mine Action). Most organisations addressed various areas of protection, with some focusing specifically on GBV, CP, Mine Action and HLP issues. In general, multi-sectoral approaches are being adopted, within which C4P is inserted, allowing for referrals to other departments.

Aside from case management and IPA, cash is being provided alongside various other protection activities, including MHPSS, legal aid and referrals. Referrals to MPCA were reported by various actors (either internally or externally), as well as referrals for Cash-for-Rent interventions addressing longer term shelter needs).

BOX 7: CASE STUDY - DANCHURCHAID (DCA) - CASH FOR PROTECTION

DCA will be implementing a project where the budget per beneficiary is approximately \$1000, with ability to increase the amount to \$3,000, based on the individual case. For example, the funding could cover rehabilitation for mine victims or provide one-off support such as transportation for MHPSS services or assistance with burial costs. DCA plans to implement a short, layered approach that integrates HMA, legal aid services, social protection services, and psychosocial support (PSS). This approach will create referral links from a variety of protection services in the project to caseworkers, enabling people to either receive services or cash-based transfers to address their protection concerns, medical rehabilitation, and legal issues.

DCA views this project as a multisectoral, holistic approach that not only covers protection needs but also incorporates case management with more hands-on oversight of what is being delivered to individuals as part of a more comprehensive package. DCA will develop SOPs for three referral pathways to the cash component of the project: HMA, legal aid, and MHPSS.

● B. SYNERGIES BETWEEN MPCA AND C4P

Synergies between MPCA and C4P are viewed differently by various agencies. Some consider MPCA targeted with a protection lens as a form of C4P programming, while others view C4P as distinct but complementary to MPCA. One INGO suggested an ideal model with *“strong MPCA as the bedrock with quality top-ups where needed. A sector-based system makes sense when we are building refugee camps, and we need specific expertise to build infrastructure, but displacements are now more fragmented, people are on the move. If we are dealing with people on the move or who are passing through urban areas, we can solve the problem with money. Let us build our humanitarian architecture around that MPCA with quality top-ups – anything that can’t be met through cash can be dealt with by in-kind service delivery.”*

According to another INGO “there is a continuum of basic needs and MPCA and protection have a mainstreaming dignity remit. Our programming comes halfway between MPCA and the four protection pillars. It can be described as a Venn diagram – there are a bunch of overlapping circles and our programming sits in the middle of these. To OCHA it looks uncoordinated, but if you talk to a case worker,

you cannot argue that it is uncoordinated – we need to make a distinction between coordination and reporting. There is a tension trying to fit a square peg in a round hole – we try to convince ourselves that the peg is round. The system won’t accommodate that, so we spend time stressing about reporting, sectors and mandates.”

This INGO also characterised their C4P work as **“an MPCA top-up, a vertical expansion to target people who have already received MPCA but have found this insufficient.”** As one INGO stated, *“the system is determined to differentiate between types of assistance. If someone with particular specific vulnerabilities needs additional support, why should this be dealt with by two different systems?”* Another INGO stated that *“I don’t believe we can draw clear distinctions, they’re very inter-connected and sometimes they should go together.”*

A UN agency described this programming as *“integration of MPCA with protection, but not C4P.”* They pointed out that MPCA alone does not cover the needs for living in dignity.

SECTION 7: TARGETING METHODOLOGIES

● A. DISTINGUISHING VULNERABILITY AND RISKS

A key challenge associated with targeting in the Ukraine response has been the scale and levels of vulnerabilities, turning standard MPCA selection criteria into almost blanket targeting approaches. A complicating factor is the relatively small MPCA transfer value in the Ukraine response countries (comparative to the level of needs and costs of living), leaving beneficiaries of MPCA still vulnerable. While not directly related to C4P, this prompted the approach used by some organisations of complementing MPCA assistance in order to meet specific sectoral needs (notably shelter, but also protection), or to assist populations left out of MPCA assistance. A local NGO highlighted gaps in the MPCA criteria, noting the plight of certain groups like pre-retirement age individuals, families with multiple children, including one aged over 18, and women with teenage children who have relocated for safety. These groups often face significant financial challenges but do not always meet the MPCA vulnerability criteria.

Similarly, an INGO key informant stated that **“cash for caregivers is considered as MPCA by donors although the aim of the cash is to meet specific needs of the most vulnerable people over and above the basic needs addressed by MPCA.** From the field reality, things are not straightforward and complementarity is needed. For example, we received a request from a partner to support beneficiaries who were recipients of MPCA, but who had additional needs and vulnerability – elderly people with chronic illnesses, and children with disabilities. They wanted to provide these people with additional cash. Internally, we deemed these to be protection-related concerns so gave the go ahead.”

A recent report by Humanity and Inclusion (HI) further underscores this by revealing that households with disabled members face greater financial challenges and require additional support beyond MPCA.

In such a context, the distinction between economic vulnerability and risk (which should be the primary entry point for targeting in C4P) is harder to define, and even more so when organisations engage in preventive interventions. According to some donors, there has been a blurring of basic and protection needs and challenges in making the distinction. For example, cases of neglect often come down to the inability to meet basic needs. A donor stated that at the beginning of the response there was an MPCA blanket categorical targeting approach and a rough incorporation of protection risks, such as taking into account displaced people and people with disabilities. There has also been a broad definition and design of C4P in Ukraine: *“This ranges from UN organisations reporting huge caseloads to the protection cluster, but having categorical targeting and using standard MPCA, to NGOs not providing services but doing protection assessments and then doing protection programming and using cash – IPA/ C4P, through case management.”*

Going forward, some donors advocate moving from categorical targeting to a more targeted approach: *“Some may have reported MPCA as protection but we want to see MPCA used for basic needs and C4P to be used for sectoral needs. Going forward more conversations are needed between the protection cluster and the CWG in order to make things more structured between C4P and basic needs.”*

● B. ENTRY POINTS FOR IDENTIFYING C4P BENEFICIARIES

The analysis of the KIs indicated that various entry points were used by organisations to identify C4P beneficiaries, with case management being the primary one, but also IPA, protection monitoring and various forms of accompaniment.

Beneficiary identification was mainly conducted through referrals. These included external referrals from protection committees set up at the community level, civil society (such as the Ukrainian Demining Association) and local authorities (following training in safe identification and referral). Internal referrals were also used, including referrals from other protection activities, such as protection committees set up at the community level, protection monitoring conducted by community mobilisers, MHPSS, legal aid or HMA. Internal referrals were also made through MPCA programs, where 'red flag' questions were incorporated into standard CVA registration forms, prompting automatic referrals to protection teams (see Save the Children case study below). Finally, some organisations also used self-referrals as a way of identifying potential C4P beneficiaries, leveraging social media, TV and other media resources.

BOX 8: SAVE THE CHILDREN IDENTIFICATION OF UNACCOMPANIED ASYLUM SEEKING CHILDREN (UASC) THROUGH MPCA REGISTRATION (EXTRACT FROM SOP)

Identification: CVA Teams register people both 1) in-person and 2) through remote registration.

In-person: People can go to registration centres or evacuee hotspots where children and families come in-person to apply for cash assistance.

Remote registration is done through referrals from local authorities. There are some specific criteria for referrals from local authorities for each location, and includes elements like families with children, families living under occupation, and families who have lost their home. A registration form is filled out using a Kobo Form.

In both the in-person and remote registration form, the following question is asked: *Please select the statement that corresponds with your household at the moment of this registration.* If the person indicates: *"I am currently living or travelling with a child or children I am not the primary caregiver of"* OR *"I am a child that is travelling alone OR group of children travelling alone"*, then an automatic box pops up asking for consent to refer them to the Child Protection Teams. The registration form also asks: *"In addition to financial assistance, what additional services would your household need?"* One of the options is Child Protection. **If selected, they are automatically referred to the CP team. Within 72 hours of receiving the referrals from the MEAL team, the Child Protection team conducts a phone call to the child/family to follow-up.**

A full interview/assessment is not needed at this stage, since it is likely these families would be referred to case management. The objective is to determine if they felt safe receiving, holding on to and spending the CVA and then determining risk level so further support can be prioritised (ex. We may need a case worker to go immediately to follow-up with an unaccompanied child). The conversation with the child also includes information sharing and sign-posting the child to relevant services. The Child Protection team then supports the child to access full case management services (whether directly from Save the Children, a partner or a referral to relevant Ministry).

BOX 9: CASE STUDY - CHRISTIAN AID - ASSESS & ASSIST

A form of Cash for Protection (C4P), [Assess and Assist \(A&A\)](#) follows a “listen and link” approach by rapidly assessing priority protection needs through caseworkers trained in Psychosocial First Aid – and providing cash to meet identified needs unmet by MPCA and/or referring people onto services which can provide further support.

There are two intake mechanisms for A&A:

The first is that the caseworkers accompany people in the physical registration process for MPCA (or other activities). During the registration, they identify individuals who may need additional or tailored support, including additional cash. The caseworkers conduct a protection needs assessment and arrange for a cash transfer, as well as start a referral process, if required.

The second intake mechanism for A&A is via feedback mechanisms (e.g. through Christian Aid partner call centres, face-to-face interactions with partner staff, and through Complaint Feedback and Response Mechanism (CFRM) Telegram channels of Christian Aid and partners). In response, staff answer queries from displaced or vulnerable people about services linked to the humanitarian response. Should a call centre staff member or those receiving feedback in person, identify potential protection risks, they pass the case to an A&A caseworker to conduct a protection risk assessment.

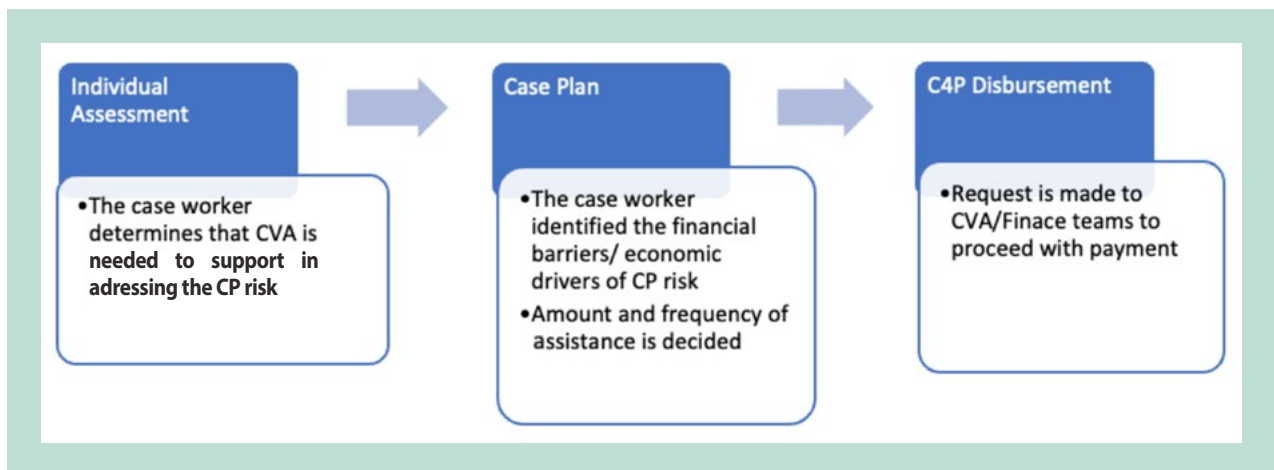
Examples of Christian Aid’s partner Hungarian Interchurch Aid’s (HIA) use of A&A include:

- Dmytro and his wife did not qualify for MPCA, despite being vulnerable. However, with the help of A&A, cash and legal advice were provided, which enabled them to repair a derelict rented house, where they have now built a new life ([9 minute video here](#))
- Iryna’s 11-year-old son had a stroke after seeing his father killed. Despite refusing a formal psychological referral, Iryna received psychological first aid from one of HIA’s caseworkers and regular follow-ups from the A&A team, as well as cash to help her son access and attend a rehabilitation centre
- Kateryna was suffering abuse from her husband. HIA’s A&A team referred her to local psychosocial support, which she accepted and provided cash, which allowed her to move into another house in her village, taking her away from her abusive husband. Follow-up with Kateryna is ongoing

● C. SELECTION OF C4P BENEFICIARIES

Following the identification, the selection of C4P beneficiaries was primarily made following an assessment from the protection team. As an example for child protection case management, as described in the flowchart below, the selection for C4P was made at the risk assessment stage.

BOX 10: FLOWCHART FOR CHILD PROTECTION CASE MANAGEMENT



As described in an organisation's SOP: "Following referrals, a social worker contacts the case, arranges a meeting, assesses the beneficiary's needs, and prepares a corresponding report, which includes a risk assessment summary. If needed, a psychologist and/or other specialists may be involved in assessing the beneficiary's needs. They can provide written recommendations or objections regarding the provision of C4P assistance to the beneficiary." The risk assessment typically encompasses standard protection questions, such as the psychological state of the beneficiary, the protective environment, the care plan, as well as inquiries into the economic situation of the case, shelter conditions, employment status, and economic needs.

A similar process is employed for selecting cases through IPA accompaniment, protection monitoring, or protection committees. These methods might involve lighter levels of assessment. For example, one organisation conducting protection monitoring, described a process where a community mobiliser, upon identifying a case

that meets pre-established criteria, refers it to a caseworker. This caseworker then visits the localities to conduct an individual assessment. Subsequently, when requests from caseworkers are received, a committee meeting is convened. This committee, typically consisting of the cash officer, caseworker, senior protection coordinator for the cash team, and a protection adviser, reviews each case before making a decision to approve C4P support.

To support protection teams in the selection process, various organisations have developed flexible lists of selection criteria. Some organisations, like Oxfam, as shown in Box 11, have devised criteria based on categories of threats. Cases are considered eligible when pre-identified occurrences of threats severely impact the family's or individual's overall capacity to cope. The severity of these threats is evaluated by the staff member conducting the assessment, taking into consideration the vulnerabilities of the family and their impact.

BOX 11: OXFAM UKRAINE CATEGORIES OF THREATS (EXTRACT FROM SOPs)

Category 1: Threat to life or physical and psychological integrity

- Individuals/households at risk unable to flee to a safe location
- Vulnerable displaced willing to relocate for safety reason
- Vulnerable individuals willing to relocate for the first time for safety reasons
- Vulnerable returnees unable to access basic support while returning
- Basic needs, while moving to a safer place (to cover a months rent, basic items and food, when not covered by another organisation)

Category 2: Freedom of movement/lack of civil documentation

- Individuals without civil documentation
- Inability to move to access services
- Inability to flee to a safe location
- Risk of being arrested
- Administrative fees, legal fees, transportation to court/legal service providers

Category 3: Hindered access to information and services

- Individuals coming from non-government controlled areas, de-occupied areas or areas heavily affected by shelling, lost or confiscated their mobile devices, and are unable to purchase a new device.
- Device purchased for individuals at risk or given cash for the device

Category 4: Hindered access to social benefits and medical coverage

- Vulnerable individuals unable to pay for medical check-up to prove their status of PLWD, or individuals requiring medical screenings that are not covered by social benefits, to access social benefits and/or adequate medical support

- Fees of medical examinations to obtain administrative recognition of PLWD status
- Cash assistance shall be provided to those who have limited access to free medical services and cannot access services from humanitarian medical actors in a timely manner

Category 5: Protection needs (SEA, VOT, trafficking)

- Victims of torture, survivors of sexual exploitation and abuse, survival sex, physical violence, psychological and emotional abuse, labour trafficking, forced displacement or return, forced recruitment, threat of violence and physical harm
- Cost of emergency and protection service, transportation services, safe accommodation
- (Voucher or in-kind support can be decided based on individual risk assessment)

Category 6: Protection needs of GBV survivors

- Victims of GBV violence, CP cases that relate to GBV violence
- Cost of emergency and protection service, transportation services, safe accommodation
- (Voucher or in-kind support can be decided based on individual risk assessment)

Category 7: Housing emergencies

- Individuals and families at-risk of eviction, or evicted from their house in the past two weeks, provision of safe shelter for high-risk individuals
- Rent for the first two months, other temporary accommodation, minor repairs to return to their house

Category 8: Other

- Other life-threatening situations identified by the interviewer
- Based on needs

Others categorised these criteria by protection risks (see example from World Vision in Box 12 below). In both instances, we observe similar areas of potential overlap with basic needs and health sectors, as discussed in section 2.

Nevertheless, in these specific cases, as illustrated in the section on transfer values, organisations implemented integrated interventions. This approach ensures coverage of basic needs by referring cases to receive MPCA while addressing protection needs through additional protection top-ups.

BOX 12 : WORLD VISION C4P ELIGIBILITY CRITERIA (EXTRACT FROM SOPs)

Cash for protection can be used as per the specific criteria as mentioned below:

Child Protection

- Child Protection
- Children who are in need of immediate psychosocial support
- Children who are in need of long-term MHPSS service by the expert (clinical)
- Unaccompanied or separated children affected by the war
- Children who have been abused (physical or sexual)
- Children trafficked, in child labour, child marriage
- Children who are discriminated due to ethnicity, caste or gender
- Children who have injuries from impact of war
- Children who need legal services/legal family disputes
- Children without birth registration/obtaining legal documents
- Children whose families need mediation services & support

Gender-Based Violence

- Women and girls who are sexually abused and raped
- Women who have gone through intimate partner violence
- Women and girls who need special clinical health services/clinical management due to violence

- Women and girls who are in need of long-term MHPSS service by the expert (clinical)
- Women and girls who are in safe shelters/safe spaces for access to care and protection with severe psychosocial support and MHPSS support
- Women who are in need of reproductive health services, including contraception and cervical cancer screening
- Women who are in need of rehabilitative and palliative care services

MHPSS

- Children and adults who are in specialised psychiatric or psychotherapy services
- Children and adults who need physical therapy (e.g. speech therapy)
- Children and adults who need one-off medications support (if therapy sessions needed, the beneficiary received #no of allocated costs per session identified as needed). If they need beyond on-off support then it will be provided case-by-case.

Support Services

- Children and adults who have health issue and need regular diagnostics treatment and follow-up (linking to the CP and GBV impact as mentioned above)
- Parents or caregivers who require basic needs (food, transportation, communication or any basic need to take care of children

Finally, some organisations decided to use categorical targeting within their C4P programming, targeting specific categories of people that they consider “at-risk”. These include people with disabilities, single parents, large families, pregnant and lactating women, UASC, people affected by sudden shelling, mine victims and people with new disabilities incurred due to the conflict, or even targeting criteria provided by the CWG.

To summarise, this section demonstrates that implementers of C4P have adopted various targeting approaches to identify those most at risk for their interventions. These methods predominantly involve individualised assessment based on risk analysis criteria. However, there is a potential risk of overlap with sectors like Basic Needs

or Health, particularly in the case of certain threats or risks used as selection criteria (e.g. basic needs, while moving to a safer place) or specific categories of individuals (e.g., large families, people living with disabilities, pregnant and lactating women), which are also common in standard MPCA selection criteria.

If individual assessments are conducted thoroughly, and protection teams effectively apply risk equations and causality analysis within an integrated program, the risk of overlap with MPCA can be minimised. However, without these measures, there is a programmatic risk of duplicating assistance, and more crucially, diluting the essence of C4P assistance by using protection resources to meet outcomes in other sectors.



SECTION 8: TRANSFER VALUE DETERMINATION

● A. CHALLENGES IN TAILORING ASSISTANCE TO INDIVIDUAL NEEDS

A review of SOPs and KIIs reveals that there are currently almost as many different transfer value calculations for C4P in the Ukraine response as there are organisations implementing C4P. This is reportedly due to a lack of guidance from clusters, but also to the very nature of C4P which requires individualised assistance, making it difficult to provide standardised amounts as in other sectors. Operational challenges also arise, as highlighted by a KI who found it difficult to draft project proposals without defined average sums.

They expressed a need for recommendations similar to those for MPCA transfer values and raised questions about whether each organisation should independently determine their transfer amounts or if there should be a concerted effort to harmonise these values. Additionally, they questioned the approach to cases with multiple protection risks and how to define the support sum in such scenarios – **whether to cover all or just some needs.**

● B. TRANSFER VALUE CALCULATIONS METHODOLOGIES AND PACKAGES OF ASSISTANCE

Different assistance packages reported under C4P programmes are tailored to meet different scenarios and timeframes. For example, some organisations use 'Emergency Cash Funds' or 'Emergency Case Management Funds' within their C4P interventions. While each has distinct conditions and operational procedures (e.g. some can only be provided by caseworkers, have different eligibility criteria, or be provided in-kind), they share common characteristics in temporality.

These packages are designed to meet urgent protection needs that cannot wait beyond 48 to 72 hours. Typically, they feature lighter approval processes, allowing for timely assistance delivery. This is in contrast to standard C4P assistance, which, for some organisations, involves more verification and approval steps, leading to longer timeframes for provision. These emergency funds act as a complement to C4P assistance, either preceding its provision or during the case management process.

In addition, three main approaches have been adopted by organisations to determine the transfer values of their C4P assistance and associated packages. These can be summarised as below:

The risk ranking approach: Composed of 3 main categories (Standard, Medium, Maximum), this approach has a standard amount calculated for each category, and associated minimum requirements.

TABLE 5: EXTRACT FROM OXFAM UKRAINE SOPs

Level of risk	Transfer value	Requirements
Standard	UAH 3,470	Residing in public/private accommodation or any other types of schemes with specific needs, self-accommodated
Medium	UAH 6,940	Multiple vulnerabilities, homeless
Maximum	UAH 10,410	Multiple vulnerabilities, homeless, family with more than one eligible individual

The top-up approach: Under this approach, organisations use the standard MPCA transfer value as a baseline, with the rationale that it is developed to address basic needs (and therefore part of the economic root causes of protection risks). The level of income and humanitarian or social protection assistance is also taken into account into the calculations. Based on this, the protection team can identify any other potential financial barrier to contribute to mitigating or reducing protection risks.

These are labelled as “top-ups” to the standard MPCA package. These can include covering shelter specific needs (e.g. cases of GBV requiring relocation), using cluster recommended amounts (e.g. Cash-for-Rent in Ukraine), but also protection top-ups. These are tailored to each case, taking into account the specific financial barriers associated with meeting protection needs. Alternatively, some top-ups are designed for some specific groups, to provide basic guidance to protection teams in their estimations. A good illustration of this approach was provided in HI’s research “[Cash and Beyond](#)” focusing on people living with disabilities (see box 13 below).

BOX 13: EXTRACT FROM HUMANITY & INCLUSION REPORT “CASH AND BEYOND”

“In the current context and considering the increased levels of needs, humanitarian assistance does not suffice to meet all the most urgent and basic needs of households with an older person or with a member with a disability. While this seemed to be true for all households, those with at least one member with a disability or an older person most frequently fall at the worse end of the spectrum because of the extra costs associated with their status and the reduced access to income sources and opportunities.

Although this is particularly true for those households with a member with disability caused by a recent traumatic event, as they are both new to the condition and have not developed coping mechanisms to deal with it. (...) Where possible, it is advisable to consider a case-by-case approach to ensure the needs of all persons are adequately met, particularly noting the bias in this study towards persons with physical disabilities. (...) A Protection top up for households with a member with disability or injuries caused by recent and traumatic events (i.e., war wounds affecting civilians since February 2022) in spite of whether these are temporary or permanent, is required. (...) it would be advisable to top up the standard MPCA with 6,308 UAH (\$170) monthly for one to three months although a case-by-case analysis to redefine the value based on each individual condition should also be applied through a Protection lens.

This top up should aim to cover all extra costs associated with the first months coping with the new condition (...) and with the specific needs based on the environment they live in and their registration status with the Social Protection schemes.

The tailored approach: This approach goes even further in customising assistance for each case. It doesn't necessarily rely on standard packages of cash assistance provided under other sectors (e.g., MPCA or Shelter), using them only as reference points. Instead, this approach analyses the financial barriers of each case through the risk equation, taking into account the threats, needs, and capacities of each individual. Ranges are typically provided (similar to top-ups), and a maximum cap is set. To guide protection teams in their transfer amount calculations, average costs of service categories are also calculated (see example in Table 6 below).

TABLE 6: EXAMPLE OF TRANSFER VALUE DETERMINATION ON A CASE-BY-CASE BASIS, BASED ON AVERAGE ESTIMATED EXPENSES FOR THE INDIVIDUAL NEEDS OF TARGETED BENEFICIARIES
(EXTRACT FROM CASH FOR PROTECTION SOPs, WORLD VISION UKRAINE)

Services/Supports		Average estimated cost to access the service/support ⁴	
		in USD	in UAH
Child Protection	Individual or group-based Psychosocial Support for children	\$20 per session	850 UAH per session
	Parenting Support Programs to strengthen life skills and positive parenting	\$50 per session	2100 UAH per session
	Removal of a child from harmful caregivers/ Interim Care	case by case	case by case
	Family Tracing Services, including international family tracing	case by case	case by case
	Legal services/ Legal family disputes	\$30 per consultation	1300 UAH per consultation
	Birth Registration/ Obtaining legal documents	\$50	2100 UAH
	Family Mediation services & supports	\$50 per session	2100 UAH per session
Gender-based Violence	Clinical health services/ clinical management of rape and intimate partner violence	\$200	8500 UAH
	Counselling/ Individual or group-based Psychosocial support	\$50 per session	2100 UAH per session
	Safe shelters/safe spaces for accessing care and protection (includes hotel costs)	\$40 per day	1700 UAH per day
	Reproductive health services, including contraception & cervical cancer screening	\$200	8500 UAH
	Rehabilitative and palliative care services	\$70 per session	3000 per session
MHPSS	Specialized Psychiatric or Psychotherapy services	\$40 per session	1700 UAH per session
	Physical therapy (e.g. speech therapy)	\$50 per session	2100 UAH per session

Each methodology has its pros and cons: While more tailored approaches appear more appropriate from a technical standpoint, they also demand significantly more training for protection teams, as well as additional time and resources. These methods can be more complex to operationalise compared to more standardised approaches. Unfortunately, data accessed for this research did not allow us to evaluate which methodology had the greatest impact on protection outcomes.

As summarised by an organisation: *“In theory, there is a very clear distinction between MPCA - which aims to support people’s basic needs, targeting people based on socio-economic vulnerability - and C4P – which targets specific protection risks for people. Yet, in practice things are a little more blurred. Firstly, people with different vulnerabilities have different basic needs requirements. For example, people with disabilities may have additional or different basic needs than able-bodied people, which might have associated costs. This might include adaptive devices, higher healthcare and transportation costs, communication technologies and other support necessary for meeting basic needs.*

In the absence of a humanitarian sector-wide harmonised sectoral top-up, the flexibility afforded by Assess and Assist (A&A) allows for these basic needs to be met with a tailored approach. In the first year of Christian Aid partner HIA’s humanitarian response in Ukraine, the top three categories of assistance through A&A were:

- *MPCA top-up due to additional needs (56%),*
- *Meeting basic needs of vulnerable people not eligible for MPCA (22%), and*
- *Other unmet needs such as hospital costs, referral costs, improving living conditions, and transport costs (22%).”*

● C. CONDITIONALITY, RESTRICTIONS AND FREQUENCY

Organisations implemented unconditional and unrestricted C4P, arguing for the need to give individuals the freedom and dignity to decide how best to utilise the assistance. In the same vein; the recently published [recommendations on C4P for General Protection Actors](#) for Ukraine reaffirms that *“Cash for Protection is not time-bound, not conditional and not restricted given the complexities of protection risks facing individuals and/or households.”*

While being enrolled in case management or other protection activities was a requirement in most cases, presence or participation in these activities did not become a condition to receive C4P. Similarly, the primary modality used was cash, even though in a few occasions vouchers have been used (ex: Lidl vouchers in Lithuania) in situations where cases could not wait a few days for cash assistance to arrive. Finally, frequency varied from one off provision of assistance for several months to monthly assistance.

BOX 14: SAVE THE CHILDREN LITHUANIA CASE STUDY

A single mother with 5 children (one 18 years old, one with a disability) contacted the SC Lithuania hotline in May 2023. Although they had been supported also during the winterization phase, with the mother’s restricted possibilities to work and the family’s income being much lower than the poverty line, the family was still facing the risk of life in poverty. The family was provided with all necessary information and referrals, as well as MPCA for two months to cover the gap. During the follow-up call after the time had passed, the SC Lithuania social worker was informed that at the moment they were not in need of additional assistance, and that they also managed to use part of the money received to get new Ukrainian ID documents for some family members as their old ones had expired or about to expire (they also covered transport expenses to Poland as the Ukrainian documents are not issued in Lithuania).

However, on 11 September the mother contacted SC Lithuania again herself with a request for assistance, as she had received a note of eviction due to delays in covering both rent and utility costs. Cash assistance was provided to cover all delayed accommodation costs to make sure the family keeps their social apartment. Further contact is maintained with the family by the SC Lithuania social worker.

SECTION 9: LINKS WITH SOCIAL PROTECTION SCHEMES

This research explored the extent to which there are linkages and synergies between humanitarian cash assistance provided as C4P, and provisions of local government, whether in service or social assistance provision in Ukraine, Poland, Lithuania and Moldova.

The Ukraine humanitarian response presents an ideal opportunity to integrate humanitarian cash assistance with national social protection mechanisms due to the maturity of, and growingly inclusive, social protection system, highly digitised environment and cooperative government, as noted by the CCD [paper on Operational Alignment of Humanitarian Cash Programming with Ukraine's Social Protection System, published in September 2023.](#)

Social services in Ukraine are decentralised, with each local authority responsible for planning, financing and implementing services, leading to variations between different authorities. This means that agencies need to cross-check at each locality level on what assistance and services are being provided by healthcare facilities, social protection departments and territorial centres for people living with disabilities. The situation is further complicated by influxes of IDPs and additional demands on local services. The same paper notes that: *"Case management procedures to address beneficiaries' additional needs and vulnerabilities appear to be minimal, with few organisations having mechanisms to refer cash beneficiaries to government support services."* ([link](#))

In Poland, key informants highlight that, despite being an EU member, there is a disparity between the expected and actual level of service provision. One INGO raised concerns about the limited scope of overall family services, describing them as *"very narrow and conservative,"* and pointing out significant gaps in the system. The prevailing

misconception is that *"being in the EU equates to higher quality child protection, which is not the case."* According to one INGO operating in Poland, *"people have so many needs and ask for cash to support with legal status, asylum, birth certificates, issues with unaccompanied children, people who can't return, family separation, protection rule of law, etc. This is available in Poland but expensive; some NGOs do it for free but there are information gaps on where to get it and who can qualify. We've hired lawyers to help with some cases to link people to the Polish benefits system. There are many barriers to accessibility of services and service mapping."* This INGO noted the municipal government is pushing for case management services and is happy to have support from humanitarian actors.

Another INGO noted that child protection services in Poland are limited and there is resistance from authorities to allow UN agencies, INGOs and LNGOs to participate within social services provision, even though the government system is severely under-resourced, and there are challenges establishing case management. This INGO stated the difficulty in understanding what needs are being met by the state: *"Maybe some needs are not met through the government and need complementary intervention by others. This information is crucially missing in Poland!"*

Through key informant interviews, **numerous examples were provided of linkages between local government departments and exploration of services and allowances available that C4P programmes can complement as can be seen in the table below.** This is to avoid duplication of provisions between humanitarian assistance and state support as demonstrated. However, there is a far from a universal incorporation of an analysis of social protection programmes in C4P programme design, and lack of a harmonised approach to collaboration with local authorities.

TABLE 7: SOCIAL PROTECTION LINKAGES WITH C4P

Agency	Good practice	Details
The Tenth of April Ukraine	Example of collaboration with local social protection departments, relationships between social workers, extensive community outreach	Tenth of April deal with many cases of housing emergencies and the lack of civil documentation. People struggle to access social benefits and medical coverage (e.g. it can take up to two months for individuals to receive assistance from the government's IDP support programme after becoming displaced, and some face difficulties in accessing their pensions). Tenth of April's social workers have established connections with social departments of local authorities to verify assistance available from the government, reduce duplication of efforts, and to enable efficient two way referrals. They have also formed connections with collective shelters, humanitarian centres, local councils, and registration centres for IDP certificates and social benefits.
IRC Ukraine	Example of social protection assessment, working with local authorities and complementing/gap filling for government provisions	To inform their programme design, desk research on social protection is conducted, focusing on legal frameworks and state policies for healthcare. Caseworkers consult with local healthcare facilities to understand the provisions available. IRC has identified issues with government laws, noting that obtaining disability status after a hostility-related injury, a prerequisite for requesting compensation, is a lengthy process that can take up to a year. With the government overwhelmed by the sheer number of ex-combatants in need, IRC's focus is on covering initial needs for rehabilitation while waiting for surgeries etc, such as the purchase of medical devices. In each locality, IRC maintains contact with the department of social protection and territorial centres for people with disabilities. In cases where people lack documentation, IRC refers them to the government's social protection department (referrals from government are minimal, as local authorities are hesitant to refer to humanitarian organisations for fear of raising expectations).
DRC Ukraine	Example of referrals to government programmes	DRC boasts a strong legal team with a deep understanding of social protection schemes and state allowances. Before providing C4P or IPA, cases are referred to this legal team to determine eligibility for state allowances. However, understanding health provision complexities, including what is and isn't provided for free, is challenging (a sentiment echoed by many agencies).
Caritas Ukraine	Example of setting up coordination structures with local social protection departments	Very good relationships and are in regular contact with social protection administrations at local level, as well as territorial social services centres for family and youth, as well as for the elderly and disabled.
Dan-Church-Aid Ukraine	Example of capacity building and case management	DCA partners with R2P, which employs social protection workers trained in MHPSS. These workers build capacity among frontline social protection workers from hromadas and establish linkages with R2P's caseworkers and caseworkers to follow-up on vulnerable individuals, providing support such as cash for rehabilitation and document restoration assistance.
World Vision Ukraine	Example of community outreach, and gap identification	WV has observed that parents and children are often unaware of existing community services and their eligibility for government social assistance programmes. The goal is to link and strengthen these services. While initial programme design didn't directly incorporate social protection links, the objective is to address this gap through C4P.
IRC Poland	Communication with municipal government	Case management is conducted at community centres, and trends are communicated to supportive municipal governments.
UNFPA Moldova	Example of SP mapping, collaboration with government and expansion of SP scheme	Efforts have been initiated to explore linkages with social protection in Moldova, with UNICEF leading a strong social protection unit. In Moldova, UN agencies have started collaborating with the Ministry of Social Welfare to enhance their horizontal and vertical targeting. UNFPA specifically supports pregnant and lactating women.
SC Lithuania	Example of strong coordination with local government	Cases treated on an individual basis, with a social worker directing cases identified through child protection activities to relevant governmental services and benefits, complementing gaps (either in time or in amount) with cash assistance.

In terms of next steps, and echoing the CCD/UCC paper on operational alignment in Ukraine, **it is recommended to conduct more detailed local level social protection analysis in order to support humanitarian organisations to understand options for working with and alongside the national system when they come across cases for which they believe merit C4P support.** This analysis will help agencies ascertain whether or not assistance that is needed is already provided by the state (or planned to be provided but under-budgeted), and identification of any gaps will also help the government of Ukraine with its social protection policy reforms by facilitating integration of relevant caseloads of people into government social assistance programmes.

Humanitarian agencies embarking on C4P programme design could learn from examples of strong connections between humanitarian agencies and social protection departments and territorial social service departments in terms of outreach, referrals and service mapping. Standardisation of

data sharing protocols would also help the process of data sharing between the government and humanitarian agencies, and between humanitarian agencies themselves, for the purposes of referrals.

In Poland, the Social Protection Task Force's (under the remit of the CWG and Protection Sector) 'Alignment Options for Humanitarian Cash with the Polish Social Protection System' paper of November 2023 recommends providing top-ups for those unable to meet basic needs and some extra disability-related costs: *"People with disabilities have a variety of essential disability-related costs; however, the current transfer value disability benefits do not account for these costs. Where these needs are not alleviated through PFRON (State Fund for the Rehabilitation of Disabled Persons), a top-up for persons with disabilities could be provided to enable access to medications, human support, and assistive devices. Top-ups could be determined on a case-by-case basis in the form of cash for protection"*.



SECTION 10: MONITORING AND EVALUATING C4P PROGRAMMING

Limited information was found through the research on monitoring or evidence of impact of C4P interventions. Monitoring and evaluation has been discussed in various instances at the C4PTF level, with joint indicators developed by members of the task force. Despite reportedly monitoring C4P programmes, most implementers did not share data from baselines or PDMs to be used for this research, hence limiting the possibilities to properly demonstrate the potential contributions that C4P interventions had on protection outcomes in the Ukraine response.

● A. MONITORING OF PROTECTION OUTCOMES

Organisations such as Caritas Ukraine, Christian Aid, and Save the Children Ukraine implement routine case management follow-up, which **involves conducting qualitative analyses, such as reviewing case notes to evaluate the progress of a case and any new arising risks.** This includes analysing intake and exit interviews to determine any developments or improvements before or after the provision of C4P assistance. This process not only supports the actual management of the case but can also provide insights on how the cash assistance has enabled access to various goods and services.

Some organisations used protection mainstreaming indicators, but a **limited number of actors shared using standardised questionnaires with C4P recipients specifically, either as PDMs or brief follow-up assessments.** The primary focus of these questionnaires is on cash utilisation, as highlighted by World Vision, Christian Aid, and Tenth of April, and the impact of assistance on certain measurable protection outcomes, such as family separation, child labour or child wellbeing. Additionally, some organisations, such as The Tenth of April, directly ask about the effectiveness of the cash in addressing the identified protection issues.

BOX 15: EXTRACT FROM PDM USED BY WORLD VISION (OUTCOME/IMPACT QUESTIONS)

- What were your protection concerns? (Choose as many as apply.)
- What services did you use the cash for? (Choose as many as apply)
- Do you feel your situation has improved after receiving the cash assistance?
- Do you feel safer after receiving the cash assistance?

BOX 16: EXTRACT FROM PDM USED BY OXFAM (OUTCOME/IMPACT QUESTIONS)

- Do you feel that the cash has helped you to overcome the issue for which you received assistance from [implementing organisation]?
- Do you feel that the assistance provided improved your household relationships?
- Do you feel that the assistance provided improved your wellbeing?
- Can you please explain how? (hint e.g reduce stress, improved living condition, overcome medical problem etc)

BOX 17: EXTRACT FROM C4P PDM USED BY SAVE THE CHILDREN (UKRAINE AND LITHUANIA)

Impact of cash on children and household

- Has the received money affected the relationship between children and adults in your household?
- Since you received the money, do you feel more or less stressed overall? Why?
- In general, do you think that you and your child's sense of safety and dignity has become better or worse than before you received the financial support? Why?
- Have you or any member of your household been exposed to any risk as a consequence of receiving the cash?

Child Labour

- 1. In the last 30 days, has your child had to work to help satisfy HH basic needs? Yes/No/prefer not say
Hint: By 'work', we understand "income generating activities" AND "unpaid work" in the HH or in the community to help satisfy HH basic needs

- 2. If no, has the CVA contributed to keeping the children away from labour? Yes/No

- What kind of work was it? (if "yes" to question 1. or to question 2.) Agriculture/Laborer/Garment and Textile Industry/Domestic work/Family business/Trading/Begging/Scavenging/

Hint: Dropdown list of usual work categories to define with country context in mind. Make sure that accompanying parents to work due to lack of childcare options are captured separately from the above child labour options (see box below).

- At which frequency was the child working? Rarely (on a monthly basis)/Regularly (on a weekly basis)/frequently (more than once a week), every day

The following questions are also essential to capture a few variables that will enable to determine the level of severity of child labour:

- Did he/she receive any money for this work? Yes/no/prefer not to say
- If yes, How much per month (or) week?
- What is the age of the working child/children? What is his/her Gender?

Family separation

- Do you have the same number of children living with you now as before the CVA started?
- If yes to 1), did the CVA make it possible for you to keep all of children with you? Yes/no/prefer not to say
- If yes, how? (free-form answer)
- If no to 1), do you have more or less children living with you now? Yes/no
- If you now have LESS children living with you, why did the children leave? Child/ren left because you could not afford to take care of them anymore/Child/ren got married/Child/ren went to access education elsewhere/Child/ren left to access healthcare/Child/ren left to be safer elsewhere/Other, please specify
- If you now have MORE children living with you, why?
- Children previously separated were able to return home because of the CVA/New child/ren (not originally part of your household) came to live in your home because you had CVA/Child/ren married someone in your household/Child/ren came to work in your home/Child/ren came to access an education/Child/ren came to access healthcare/Child/ren came to be safer/Other, please specify

BOX 18: PROTECTION MAINSTREAMING INDICATORS

- Did you and your children 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?
- Did you feel that our staff treated you with respect during the activities?
- Are you satisfied with the assistance provided?
- Do you know of people needing assistance who were excluded from the assistance provided?
- If you had a suggestion for, or a problem with the assistance/service, do you think you could channel the suggestion or lodge a complaint?
- To your knowledge, have suggestions or complaints raised been responded to or followed up?
- Were your views taken into account by the organisation about the assistance you received?
- Did you feel well informed about the assistance available?

The C4PTF has also developed guidance on [recommended MEAL indicators for Ukraine response](#) to promote the use of standardised indicators.

Finally, several organisations, including DRC, Caritas Ukraine, IRC Poland, and IRC Ukraine, are currently developing or revising tools and their SOPs to integrate process and outcomes indicators to properly monitor their C4P interventions.

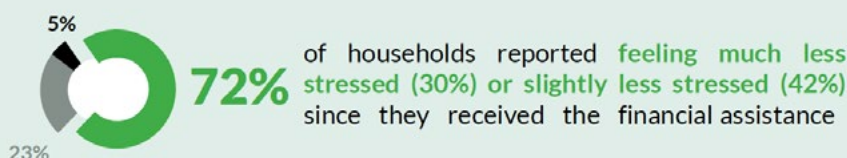
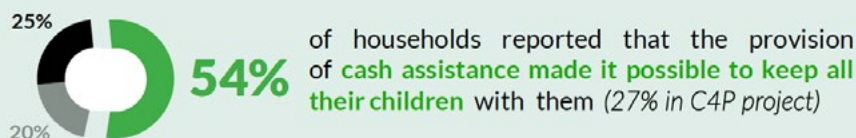
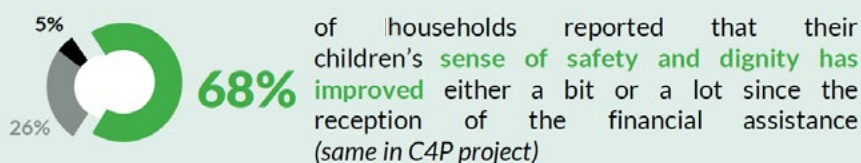
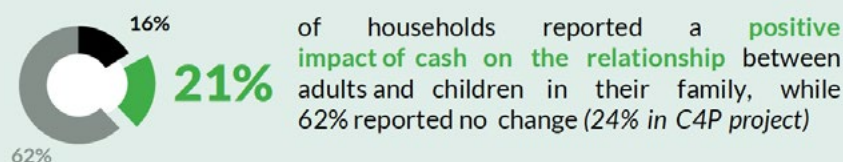





● B. COLLECTED EVIDENCE ON THE IMPACT OF CVA ON PROTECTION OUTCOMES

Based on the information collected via interviews and the desk review, relatively little evidence has been generated from C4P programme implementation in the Ukraine regional response, or at least not enough data was shared for the scope of this research to generate cross-agency evidence generation. The tables below nevertheless highlight some key findings from baseline surveys, post-distribution monitoring (PDM) and endline surveys:

BOX 19: C4P SELECTED FINDINGS FROM C4P MONITORING

- **IRC Ukraine** notes that 95% of C4P aid recipients used their assistance for its intended purpose.
- **The Tenth of April - Oxfam's** PDM indicates that a significant portion of beneficiaries believed the cash assistance addressed their problem (57% in PDM1 and 95% in PDM2). Additionally, two-thirds of the beneficiaries reported **improved wellbeing post-assistance**.
- **Oxfam** PDMs for C4P beneficiaries: 84% of beneficiaries reported that their problem was solved thanks to the assistance received. 58% reported that the assistance provided had improved or partially improved the relationship in their household. 98% reported that the assistance they received **have improved or partially improved their wellbeing**.
- **From SC Lithuania**; 75% of respondents reported that the cash assistance has improved relationships and reduced tensions within the household. 90% of respondents reported that the safety of their child or children had improved a bit or significantly since the cash assistance began, and 94% reported that their children's wellbeing had improved since receiving the assistance.
- **From SC Ukraine**, findings from C4P and MPCA beneficiaries:



 Have improved since CVA  No change  Prefer not to say / no answer

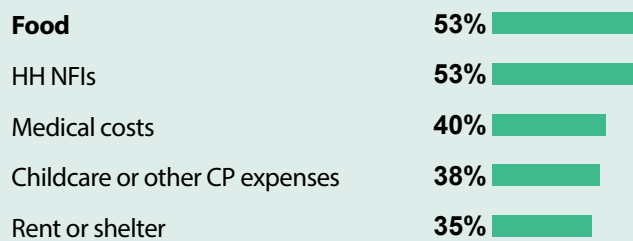
The analysis indicates that child wellbeing and the impact of C4P on family relationships were the most commonly monitored outcomes, with all organisations reporting a positive impact.

Some organisations also looked at monitoring expenditures or better understanding changes in expenditure patterns made possible thanks to the cash assistance. In Poland for instance, childcare was ranked as the 4th primary source of expenditure by SC beneficiaries.

In Lithuania, the proportion of C4P recipients unable to cover childcare or other child protection expenses dropped by over 10% between baseline and endline. And as highlighted in the box below, the same category also represented, at endline, the 4th primary source of expenditure by C4P beneficiaries.

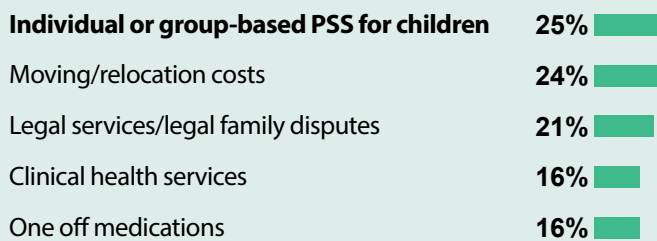
BOX 20 : SELECTED FINDINGS FROM SC LITHUANIA

What are the most important things that the cash helped your household to do or buy that you could not do or buy before you received it?



BOX 21 : SELECTED FINDINGS FROM WORLD VISION

What services did the you use the cash for?



The impact of cash assistance on **family separation** was also monitored by some organisations. Family separation was identified by respondents to World Vision’s CP assessment as the “*most critical child protection risks by 85% of girls and 79% of boys aged between 14-17*”.

In its C4P PDM, SC Ukraine found that 27% of cases reported that the financial assistance contributed to keeping all their children together (54% for MPCA recipients).

In summary, although there is some evidence of cash assistance positively contributing to protection outcomes, the findings are still fragmented. This is also symptomatic of a more global relative limited availability of data collected to measure the impact of cash on protection outcomes⁸. More thorough and systematic monitoring is necessary to gain definitive insights in this domain.

⁸. You can refer to the UNHCR paper which highlights limited evidence of Cash Assistance on Protection outcome “Cash Assistance in 2022: Main Outcomes from Post Distribution Monitoring”, 2022 ([link](#))

● C. CHALLENGES IN EVALUATING THE IMPACT OF CASH ON PROTECTION OUTCOMES

As mentioned in the previous section, evidence demonstrating the impact of cash on protection outcomes is more limited when comparing with other sectors. This largely originates from the multidimensional nature of protection outcomes, which poses significant challenges in isolating the direct influence of cash assistance within a broader framework of intervention. Furthermore, C4P monitoring typically occurs within a programming framework that is inherently case-specific and individualised, leading to a scarcity of quantitative data. This issue is exacerbated by the lack of use of standardised indicators, with only two respondents explicitly mentioning using BHA and DG ECHO indicators, and just a few utilising the C4PTF recommended indicators.

One of the easiest and most commonly used indicator to implement is the monitoring of expenditures, such as identifying what the cash was mostly spent on or determining the top three expenses made with the cash. However, opinions on this subject vary. Some argue that monitoring expenditures is crucial for evaluating the outcomes of assistance, while others caution against it due to potential methodological inaccuracies.

Another significant challenge that was highlighted was the lack of interoperability (ranging from data management to joint analysis) between departments within and across humanitarian organisations, preventing the seamless and efficient sharing of data and findings. It is also not common for protection teams to share any information gathered from their cases, even after having been anonymised.

To improve the monitoring of protection outcomes and harmonisation of tools, it appears crucial to foster inter-agency collaboration. Agencies should share examples of successful protection outcome monitoring practices, and consider a harmonisation exercise to align current methods and approaches with established guidance and principles.

While having dedicated staff or consultants would be ideal, alternative solutions should also be considered. **Caritas Switzerland suggested forming a Cash for Protection Community of Practice (C4P COP) as a response to this need.**

Protection Clusters and donors are key players in this process. They can support agencies by endorsing the use of joint indicators, providing access to adapted tools that are ready for implementation, and assisting in data analysis and producing evidence.

They should also advocate for integrated data management systems capable of handling both sensitive data and large-scale data collection securely and efficiently.

Despite these obstacles, there is a general consensus that well-designed C4P programmes can yield positive protection outputs, but the long-term effects of these programmes are still uncertain. Sustaining protection outcomes requires prolonged follow-up, as there is a risk that individuals may revert to their previous state of vulnerability after the intervention ends.

● D. SOME RECOMMENDATIONS FOR ADAPTING THE MEAL FRAMEWORK TO THE UNIQUE CHARACTERISTICS OF C4P PROGRAMMING

As the utilisation of baselines, PDMs and endlines to measure protection outputs and outcomes becomes more common, it is important to highlight the key differences between monitoring and evaluating C4P and monitoring more standard CVA programmes:

A crucial difference lies in the sensitivity of some (if not most) C4P cases, necessitating the secure handling and storage of protection-related data.

Access to this data should be strictly limited to members of the protection team or a select group of trained stakeholders, based on a strict 'need to know' basis. All standard security measures for humanitarian information must be applied to prevent data breaches, theft, and misuse, which could lead to security risks, threats to personal safety and dignity, or privacy violations. To this end, actors in the Ukraine response should refer to the adapted "[information sharing Protocol](#)" developed by the Ukraine Assessment and Analysis Working Group (AAWG) in May 2023.

The process of selecting participants for surveys and assessments must be handled with utmost care, as random sampling may not always be suitable, as it could prove counterproductive or even harmful. Coordinating with protection teams before conducting surveys is essential to exclude sensitive cases and ensure the safety and wellbeing of participants.

Following the same principles, the chosen monitoring method can also significantly impact client safety. The involvement of protection professionals is crucial at this stage, as they can help determine the safest and most appropriate communication methods, whether through in-person visits or phone calls.

The above reasons call for a central role to be played by protection teams in the overall MEAL process. In some instances, these activities should be exclusively conducted by protection staff. At a minimum, MEAL field teams should be trained to competently and sensitively inquire about beneficiaries' perceptions of safety and wellbeing.

Finally, practitioners also emphasised the importance of not only identifying potential risks associated with CVA/in-kind prior to starting a programme but **also monitoring any potential negative impacts throughout its implementation.** This is crucial as new changes and dynamics could emerge, leading to new risks.

Robust monitoring, such as through Complaints and Feedback Mechanisms (CFM), can timely identify such emerging threats, allowing for necessary amendments in project design to mitigate these risks. Practitioners noted that, in theory, this should be a routine part of MEAL work, but that it is often neglected in practice. Effective monitoring involves not just data collection but also its proper analysis, and most importantly, ensuring a sufficient level of follow-up in coordination with protection, CVA, and MEAL teams.

SECTION 11: CONCLUSIONS AND RECOMMENDATIONS

During this research, key informants were asked to share their main challenges, lessons learned, and recommendations for fellow C4P practitioners and the broader humanitarian community and coordination mechanisms. This section regroups key recommendations from C4P implementers, those currently working on C4P programme design, and the research team.

Operationalising the definition of C4P

The humanitarian response in Ukraine response provides a practical illustration of the challenges currently discussed and being addressed at the global level around the operationalization of the C4P definition. The absence of nationally endorsed definitions and guidelines for operationalisation also reportedly caused significant challenges to implementers.⁹ In Ukraine, some organisations reported preferring to operationalise C4P under a strict and rigid definition, embedded into case management, and there was also very strong advocacy from many organisations (and notably local organisations) for more pragmatism and flexibility in defining and operationalising C4P.

It is therefore recommended to protection clusters (in current or future responses) to develop national technical guidance as early in the response as possible (these could also be short, initial technical memos developed at the beginning of the response that would be further developed at a later stage, [see example from the C4PTF here](#)). These guidelines would first ensure that all actors are aware of the standard GPC definition of C4P, and of the different ways to operationalise it (e.g. in an integrated or in a standalone manner; different targeting approaches and methodologies to calculate the transfer value). If possible, they would also highlight key differences, in a given context, between C4P interventions and other types of financial/in-kind assistance provided as part of the humanitarian response. Outlining these key aspects in a contextualised manner, and disseminating them at cluster level would contribute

greatly to reducing confusion, and provide organisations with the resources to start designing intervention strategies.

As the response evolves, these can be further developed and contextualised through a participative, but also ideally evidence-based process, and by strengthening coordination with other clusters/sectors. As illustrated in this research, complete harmonisation of C4P interventions seems unrealistic given the very nature of C4P (and is not desired by most implementers), but nonetheless, common technical ground and a joint programmatic framework are key requirements to avoid confusion and potential overlap with other sectoral goals.

Inter-cluster coordination is crucial to guide implementers in framing their C4P intervention, particularly with the Cash Working Group and Health/Shelter Clusters. One of the most important and unanimous recommendations from NGOs operating in Ukraine is for the Health Cluster to develop much more analysis on healthcare provisions from the state and detailed guidance on Cash for Health activities, in collaboration with the Protection Cluster, in order to be able to clearly define the boundaries between C4P and Cash for Health.

9. To note that at the time of conducting this research, the latest guidance [on C4P from the Protection Cluster in Ukraine](#) had not been published.

Coordination

In the Ukraine response, the C4PTF was established temporarily to ensure a space was made available to implementers while clusters organised themselves to carry on this work nationally. However, the TF was managed primarily by the global TT team, without fully dedicated resources or the time required to address all needs. A key lesson learnt from this research is, therefore, that a C4P task force (preferably sitting under the national protection cluster and supported by the global C4PTT) should be properly resourced from the onset of a response, with dedicated staffing to support technical coordination, adequate communication strategies, ad hoc support and development of technical guidelines. The Protection Cluster and CWG in Ukraine recommend having structured discussions on C4P early in the response, especially considering the focus on MPCA even among agencies with strong protection backgrounds. There is also a unanimous call from NGOs across the response for a platform where humanitarian organisations can discuss technical and operational C4P challenges in a safe space. Suggested ideas include a C4P task force within the protection cluster or a community of practice for proactive and reactive discussions. A local NGO also suggested the formation of a national group for experience exchange and referrals. An INGO also suggested creating a shared resource platform, such as a SharePoint, for organisations to access and share resources, SOPs, etc. Finally, some donors emphasised the need for donor coordination around C4P. They also stressed the importance of early-stage discussions when setting up clusters and addressing operational needs.

Whilst frustration was shared through KIIs and documented in this report on limited availability of support at national level from coordination structures (clusters or working groups) on C4P, it is important to put these into the perspective of the scale and suddenness of the response, with multiple competing priorities, contributing to delaying the engagement of clusters on C4P.

Causality Analysis & Design

Causality analysis should be the backbone of any C4P intervention design and implementation. If properly conducted, it can ensure not only the adequate targeting, but also an appropriate package of assistance (services and/or financial assistance) provided to at-risk individuals. It can first be used in protection risk analysis at regional, national, or local level. Protection clusters can support ensuring that financial barriers and economic root drivers contributing to protection risks are integrated in these analyses and considered by partners in response strategies. This can also be used to identify needs for inter-cluster collaboration and potential integrated or multi-sectoral interventions. Implementing agencies can then use findings derived from causality analyses to inform their theories of change and design their C4P intervention. It should finally be embedded into individual risk assessment tools (or equivalent) to be used by protection teams in the field to determine the best type and form of assistance for each case. In contexts with limited C4P experience, clusters should provide standard protection risks analysis and assessment tools which integrate this causality analysis and clearly explore potential linkages between economic drivers and protection risks.

It is recommended to invest in staff capacity building before designing and implementing C4P programmes, to ensure teams are prepared to handle the complexities of the design of such programmes design. Dedicated training should be conducted for caseworkers and/or protection teams on assessing causality, using a protection risk analysis (derived from the protection risk equation) to understand when and how C4P could be used within case management or broader protection activities to address economic drivers of protection risks. It is also recommended to establish and foster strong collaboration between CVA and Protection teams at all levels, ensuring collaboration and coordination for establishing targeting and eligibility criteria, transfer value calculations, modalities and delivery mechanisms that are sensitive to existing and potential risks and the specificities of the context.

In Poland, an INGO recommended the design of a short guidance on cash for child protection within the Polish context, given the complexities of intervening within the social services space.

Targeting

This study provided practical illustrations of the variety of referral mechanisms that can be put in place to identify potential C4P beneficiaries, highlighting the value of integrated programming in facilitating this process. Targeting has primarily been conducted through protection activities (case management, IPA, protection monitoring, etc.) however, some argued that this is a limiting factor as it prevents reaching larger or more isolated cases (i.e. those who are not in areas where protection activities are being implemented). As such, some organisations decided to use categorical targeting within their C4P programming, targeting specific categories of people that they consider as ‘at risk’ based on risk analysis. If individual assessments are conducted thoroughly and protection teams effectively apply risk equations and causality analysis within an integrated programme, the risk of overlap with MPCA can be minimised.

However, without these measures, there is a programmatic risk of duplicating assistance, and more crucially, diluting the essence of C4P assistance by using protection resources to meet outcomes in other sectors. Categorical targeting is therefore primarily recommended as an entry point, if referrals to protection teams can be made and appropriate protection assessments conducted. Integration of protection-sensitive criteria in MPCA standard selection surveys is recommended, but shouldn’t constitute in itself a C4P intervention.

Transfer Value

C4P transfer values calculations should always be as individualised as possible, to ensure financial barriers contributing to protection risks are adequately addressed. However, in practice, this approach can reveal burdensome with larger caseloads, so alternative, more standardised approaches can be used, such as the ‘risk ranking’ approach and the ‘top up’ approach discussed in this research. Clusters should support the development of these more standardised approaches, by coordinating the collection of data (with the support of the cash working group) analysis and dissemination of findings, whilst always encouraging and leaving the flexibility for more tailored, individualised transfer value determinations.

Links with Social Protection

In Ukraine, more detailed local-level social protection analysis is recommended in order to support humanitarian organisations to understand options for working with and alongside the national system when they come across cases for which they believe merit C4P support. This analysis will help agencies ascertain whether or not assistance that is needed is already provided by the state (or planned to be provided but under-budgeted), and identification of any gaps will also help the government of Ukraine with its social protection policy reforms by facilitating integration of relevant caseloads of people into government social assistance programmes.

Humanitarian agencies embarking on C4P programme design could learn from examples of strong connections between humanitarian agencies and social protection departments and territorial social service departments in terms of outreach, referrals and service mapping. Standardisation of data sharing agreements would also help the process of data sharing between the government and humanitarian agencies, and between humanitarian agencies themselves, for the purposes of referrals.

In Poland, the Social Protection Task Force’s (under the remit of the CWG and Protection Sector) ‘Alignment Options for Humanitarian Cash with the Polish Social Protection System’ paper of November 2023 recommends providing top ups for those unable to meet basic needs and some extra disability-related costs: “People with disabilities have a variety of essential disability-related costs; however, the current transfer value disability benefits do not account for these costs. Where these needs are not alleviated through PFRON (State Fund for the Rehabilitation of Disabled Persons), a top-up for persons with disabilities could be provided to enable access to medications, human support, and assistive devices. Top-ups could be determined on a case-by-case basis in the form of cash for protection.

Monitoring and Evaluation

As was demonstrated in the MEAL section, a responsive and collaborative approach, in which principles of protection are prioritised, is crucial in monitoring and evaluating C4P programmes. This approach ensures the protection and safety of all involved, while also collecting necessary data to assess the programme's impact and effectiveness. These considerations highlight the need to raise awareness among MEAL teams and donors about the unique protection challenges and sensitivities involved in monitoring Protection risks within case management. This is particularly relevant for highly sensitive areas like GBV but also applies to other sensitive risks.

Enhancing data management systems and making them interoperable would also contribute to improving the referrals, but also monitoring and measurement of impact of C4P on protection outcomes in a safe manner.



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ANNEX 3: TERMS OF REFERENCE : CASH FOR PROTECTION LEARNING FROM THE UKRAINE RESPONSE

Background

Since the onset of the war in Ukraine on 24th February 2022, there has been great interest in, and a wealth of Cash for Protection (C4P) work ongoing, from a variety of humanitarian organisations, both through the ‘formal’ humanitarian system, as well as through locally led, organic response design in order to respond to people’s basic needs with dignity. The C4P Task Force (TF) for the Ukraine response, as part of the Global Protection Cluster, has been providing technical and advisory support on C4P through its community of practice Skype group, monthly meetings, bi-weekly then monthly factsheets detailing key updates and relevant resources. During this time, a number of tip sheets and other relevant technical resources have been developed to support the humanitarian community with C4P work.

In parallel, there is a wealth of cash programming ongoing, that is not formally discussed or documented by the humanitarian system, that is led by local organisations who seek to respond to the needs of communities in a holistic manner. These projects are not reported to, or classified by, the cluster system or any working group and do not necessarily follow the humanitarian system’s harmonised and endorsed guidance documents. Many of them are nevertheless what could be considered as C4P in terms of objective and outcome.

The Collaborative Cash Delivery Network (CCD) has its own skype communities of practice in Ukraine and Poland in which member agencies can share information and collaborate on key areas of interest. In recent months, there has been interest, both from the C4PTF for the Ukraine Response, and from the CCD communities of practice in Ukraine and

Poland, in documenting learning from operationalising C4P within this regional response – from both what could be considered as more formalised C4P programming, but also what falls under the radar of the formally coordinated humanitarian system - in order to contribute to global learning and building an evidence base, and to support agencies with their current programme designs.

Objective

To gather and analyse C4P programmatic experience and lessons learned from the Ukraine crisis response to support the work of agencies engaging in C4P as part of the response while generating evidence and contributing to the global bank of operational learning and guidance on C4P. To document the role of C4P alongside multipurpose cash assistance (MPCA), compare C4P programmatic experience from a variety of organisations, including local actors whose work is underrepresented in the formal humanitarian coordination spaces. To gather lessons learned and generate evidence from the Ukraine response. To understand how access to CVA between men and women differs, including how cash impacts their protection outcomes differently, additional barriers or constraints they may face, and how men and women may use CVA differently. To support the ongoing work of agencies engaging in C4P work as part of the Ukraine response. To standardise a common understanding or definition of C4P, including what it does and does not entail, and feed into global learning and operational guidance.

Activities and Outputs

- **Desk review:** Gather and document C4P programme objectives and programme design and outcomes through a desk review of different organisations' process and learning documents on C4P programming (including Survivor and Community-Led Response (SCLR) and Assess and Assist approaches), including SOPs, PDMs and any learning papers. Ensure the desk review is representative of not only the formal humanitarian system, but of C4P efforts led by local actors who are not necessarily connected to wider humanitarian structures and coordination systems.
- **Key informant interviews:** Interview C4P programme practitioners in the Ukraine response (ensure a range of stakeholders is represented) to gather their inputs on findings, challenges and lessons learned from design and implementation of C4P programmes.
- **Evidence review:** gather data from monitoring (baseline, PDMs and endline) capturing key protection outcomes in cash programming to start generating evidence on impact that cash has had toward achieving protection outcomes or increasing protection concerns within the response toward women, men, and children.
- **5W:** adapting the [Global CVA for Protection dashboard](#) to the Ukraine response (zoomed in version with Adm2 regions available)
- **Participatory learning workshop:** present findings from desk review and KIIs to workshop of C4P, protection, Gender Based Violence (GBV), and Child Protection (CP) practitioners/work groups as well as Cash Working Groups.
- **Develop a final report documenting key case studies, recommended MEAL indicators, operational findings, successes, challenges, lessons learned and recommendations.**
- **Dissemination of final report** to contribute to promotion and uptick of C4P, harmonising C4P SOPs and setting standards around design and delivery.

Methodology and Timeframe

- Circulation of TOR and invitation of agencies interested to participate and contribute to this learning study (March 2023).
- Recirculation of TOR with feedback and amendments (May 2023).
- Design of key lines of enquiry, both for desk review and for KII phases (May 2023).
- Evidence Mapping and Analysis (May – June 2023)
- Request agency documentation on C4P programmes in Ukraine including any SOPs and resulting MEAL documents (May 2023).
- Desk Review (May-June 2023).
- Identification of key informants for interview – reach out to members of the C4PTF for the Ukraine response, and the CCD community of practices to identify representatives from a range of stakeholders including local organisations and aid groups, local and international NGOs, UN agencies and government representatives (May-June 2023).
- KII phase (June 2023)
- Preliminary report (July 2023)
- Learning workshop (July 2023)
- Final report (September 2023)



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