



Save the Children

- DECEMBER -
2023

CASH & VOUCHER ASSISTANCE

FOR

CHILD PROTECTION

A CASE STUDY FROM SAVE THE CHILDREN IN LITHUANIA



A pilot operational research project to ensure that the most vulnerable Ukrainian families with CP risks have sufficient financial resources to face economic hardship during winter and contribute to preventing worsening of Child Protection risks.

Save the Children Lithuania has been implementing a pilot project aiming at **reducing child distress and violence in the home** within 474 Ukrainian families who arrived in Lithuania after 24 February, 2022, including pregnant and lactating women and/or single headed households with children. This one-off transfer amounted to an average of EUR 270 per household per month with an additional top-up of EUR 20 for pregnant women. In addition to cash assistance provided to the refugees, referral pathways have been established for cases with identified MHPSS, CP or other specific needs, such as enrollment into Lithuanian education system, nutrition counselling on IYCF guidelines, provision of information on support services for violence victims, shelter, employment and social protection possibilities in Lithuania.

IMPLEMENTATION AND MEAL TIMELINE



Total project cost : € 385,950

Unconditional
-
Unrestricted

Total cash distributed	Total beneficiaries	Delivery mechanism
 € 385,950	To  Via 474HHs	 Bank transfers

1 one-off cash transfer - 270€ / HH3

January 2022



Baseline
474 Resp.
Dec. 2022

Endline
238 Resp.
Feb. 2023

Follow-up
182 Resp.
April 2023



KEY CVA PARAMETERS



REGISTRATION OF BENEFICIARIES



- Beneficiaries were identified through SCLT protection activities, by receiving referrals from SCLT Child Daycare Centres and family support coordinators network. Once the contacts of vulnerable households were received and the list was prepared by the CVA team, they were contacted via SMS with an invitation to complete an online baseline/registration form within 3 working days.
- The KoBo registration form was developed by the CVA program coordinator and MEAL manager in cooperation with Child Safeguarding team, based on and using [Save the Children's MEAL and CP tools](#), and inclusive of SCLT feedback and reporting mechanism (FRM).
- A support hotline was opened for the CVA program in order to assist target beneficiaries in completion of the registration form and respond to any inquiries in relation to the cash distribution process.

TARGETING



All beneficiaries were identified through SC Lithuania protection activities. Out of these, the below were prioritized:

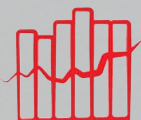
- Families with urgent protection risks
- Single pregnant women
- Single HH's with children up to 5 years old
- Single HH's with more than 3 children;
- Single HH's with children with disabilities (if not covered by Red Cross Lithuania)

RISK ASSESSMENT AND MITIGATION MEASURES



- Families who have reported specific CP or MHPSS needs have been provided with relevant assistance and information by Save the Children Lithuania staff or referred further for individual services.
- Beneficiaries who did not have an active account in a Lithuanian bank were offered a possibility to register with Revolut (online banking system), and were provided with support in the registration process via CVA program Support Hotline.
- The program Support Hotline has been activated for any assistance required by beneficiaries during registration and later stages of the program. A feedback and reporting mechanism was introduced, with possibilities to contact the team via e-mail, telephone, and via social networks.
- All stages of the program have been designed following Child Safeguarding guidelines. All data received were securely stored, with access only granted to necessary employees working within the program.

TRANSFER VALUES, TRANSFER MECHANISM AND MEB COVERAGE



Unrestricted

Unconditional



Bank transfers



* \$106 x average HH size in Lithuania

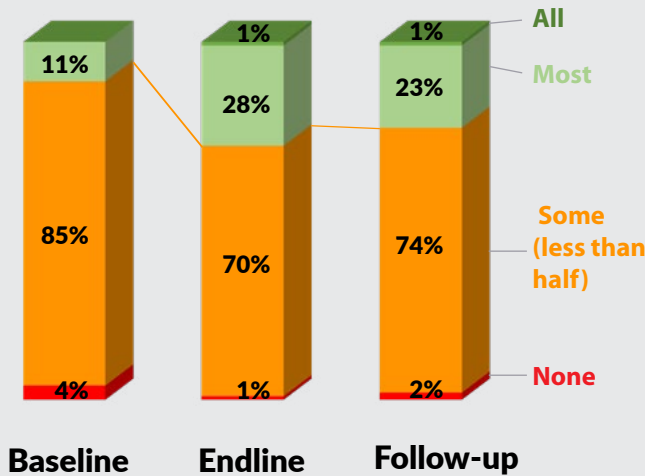


MAIN FINDINGS

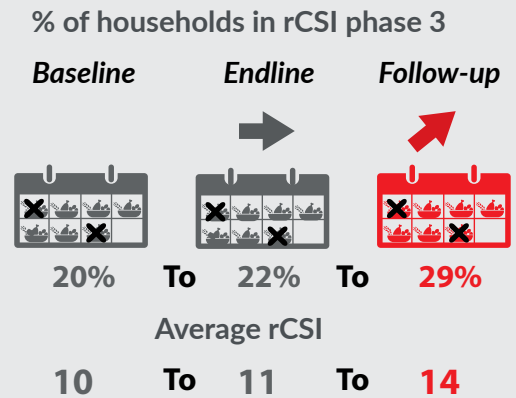


PRIORITIZATION OF NEEDS - UTILIZATION OF CASH

Capacity of household to cover their basic needs

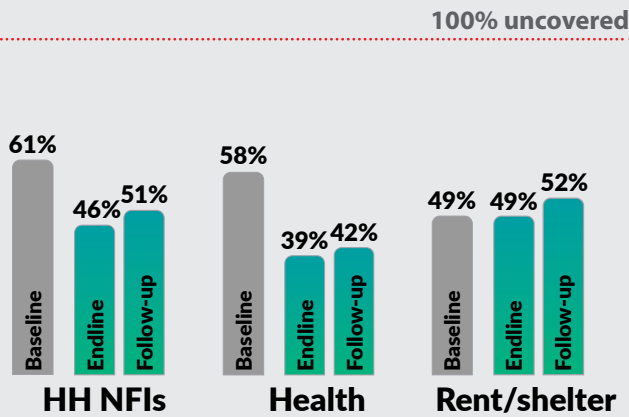


Coping strategies



To better understand the increase in rCSI, please refer to section two of this technical factsheet. [Click here if you want to learn more about the reduced coping strategies index \(rCSI\)](#)

Main uncovered needs*



* From the households who reported NOT having all their needs covered

Main utilization of Cash



1. Food (53%)
2. HH NFIs (53%)
3. Health (40%)
4. Childcare (38%)

Most commonly reported items that the cash helped the HH for that they could not do or buy before receiving assistance, during PDM.

52% of HHs reported that children under 18 were the primary beneficiary of the purchases made with the cash transfer

80%

% of households reported that some of the positive changes brought by cash have persisted up until the time of data collection (during the three months follow-up questionnaire; including 26% who reported "to some extent")






IMPACT ON CHILDREN AND HOUSEHOLD



School dropouts




Households reporting school-age children NOT enrolled in school in Lithuania slightly decreased from:

Baseline	Endline	Follow-up
		
9%	To 8%	To 7%

In both assessments, all children were enrolled in schools in Lithuania, except for one continuing in Ukraine through distance learning.

Child Labour

HHs reporting children having to go to work in order to meet basic needs in the past 30 days **slightly increased** from:

Baseline	Endline	Follow-up
		
2%	To 3%	To 6%

The number of children remained stable (18 working children were counted at baseline, 16 at endline and 18 during the follow-up survey) but the survey sample size differed, explaining the difference in %



On average, children were working 7 hours per week at baseline, 12 hours per week at endline and 8 hours per week during the 3-month follow-up survey.

During the baseline assessment, one case of child labor involved carrying heavy loads, while the other case involved exposure to dust, fumes, or gas, as well as extreme cold, heat, or humidity. At endline, one case of carrying heavy loads and two cases of extreme cold, heat, or humidity were reported.

Child safety and wellbeing

Children's safety



45% Much better

45% A bit better

7% No change

7% Prefer not to say

Children's wellbeing



44% Much better

50% A bit better

3% No change

2% Prefer not to say

75%

of households reported that they thought that the cash assistance has improved relations/ reduced tensions between the family members within the household (endline)

95%

of households reported that their were feeling less stressed and anxious since they received the cash assistance (endline)



IMPACT ON CHILDREN AND HOUSEHOLD



EFFECT ON DISTRESS AMONG CHILDREN

Identified signs of distress among children by their caregivers over the last 30 days (Lithuania)

	Baseline	Endline	Follow-up
Changes in sleeping and eating patterns	49%	31%	36%
Higher irritability	48%	34%	39%
Clinging to their caregivers more than normal for younger children/ demanding more attention for older children	36%	36%	38%
More afraid of things	35%	18%	23%
More frequent crying	30%	24%	23%
More anxious and worried	26%	12%	17%
Poorer concentration	21%	19%	18%
Less smiles and general happiness	19%	11%	15%
Becoming more inactive (less playing) or more hyperactive	16%	12%	18%
More aggressive	14%	10%	17%
Increased physical symptoms of not feeling well (shaking, headaches, loss of appetite, aches, and pain)	13%	10%	13%
Regressing to former (younger) behaviours	8%	5%	13%
Stop or less talking	5%	4%	6%

The data show overall a **decrease** in the proportion of children showing signs of distress with 100% at baseline, endline and 3-month follow-up reporting that children showed at least one sign of distress over the past months but only 35% of households at endline compared to 51% at baseline with children showing more than 3 signs of distress. 3 months after the last transfer, this figure went up to 42%.

The provision of CVA has had an impact in reducing signs of distress among children relatively sustainably (3 months after the assistance).

FAMILY SEPARATION



3 HHs were asked to keep additional children from the community when they were selected for the assistance (anticipating they would receive additional cash).



1 HH reported that a child who has been previously separated was able to return due to CVA.



OVERALL SATISFACTION WITH ASSISTANCE



“
Thanks to the help we received, we were able to rent an apartment and our children were able to attend school. I don't know what would have happened to us if we hadn't received help at that time!”

CVA beneficiary

“
I am very pleased with this help. I would like to see more such assistance, because it has helped us a lot, as my child has health problems and we often travel to Vilnius for medical examinations, and we have had the surgery done for free, but we need money for transportation and housing.”

CVA beneficiary

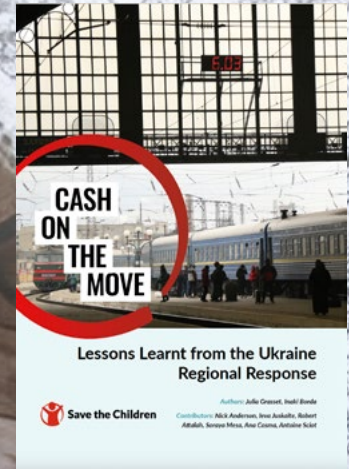


100% of HHs reported to be very satisfied (91%) or satisfied (9%) with the assistance provided

95% of HHs reported feeling safe at all times throughout the registration and cash transfer process

100% of HHs reported that the cash assistance did not cause any tensions or problems within their community

This technical factsheet needs to be read in complement of four following other documents:

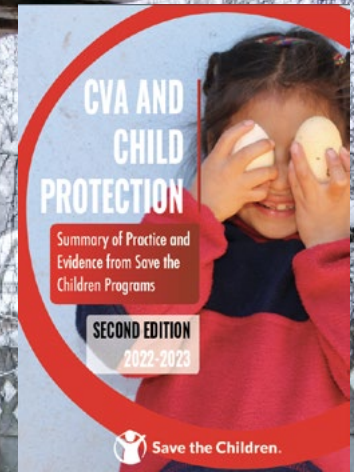


The Save the Children Eastern Europe Capacity Statement ([link](#)) regroups key information, by country, on overall program design, reach and impact.

The 'Cash on the Move' ([link](#)) report provides an overall analysis and lessons learnt on the use of cash to assist populations on the move in the Ukraine response.



The technical notes ([link](#)) for each country of the response and focuses on providing more details on key technical approaches used by response countries.



Save the Children's cross country research on CVA & CP, including the Lithuania specific case study ([link](#)).



Authors: Julia Grasset, Inga Juskaite, Nick Anderson
Design: Antoine Sciot